



Department of Social & Health Services  
Division of Alcohol & Substance Abuse



Treatment and Assessment  
Report Generation Tool

## Data Dictionary

September 2005



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<p><b>PART III: DATA ELEMENTS:</b></p> <ol style="list-style-type: none"><li>1. Are sequentially numbered within alphabetical section.</li><li>2. Default fields are in the "D" section.</li><li>3. There are currently no "J", "K", "Q" or "X" data elements.</li></ol>
<p><b>APPENDICES</b></p> <p>Appendix A: Inactive Data Elements</p>



*TARGET*  
Data Dictionary

# Part I

## Dictionary Description



## **DICTIONARY DESCRIPTION**

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### **1. OVERVIEW**

The Treatment and Report Generation Tool (TARGET) is a web-based management and reporting system of the Division of Alcohol and Substance Abuse (DASA) and is provided to approximately 525 reporting agencies throughout the state. Users include county governments, tribes, and organizations that provide DASA client services.

The purpose of this Data Dictionary is to enumerate and explain each of the fields in each of the tables within the TARGET database. This information will be helpful to treatment agency and county staff in understanding the forms and the TARGET data system. It will also be of use to developers or those seeking to understand the data structure within TARGET.

If you have any questions concerning TARGET or the Data Dictionary, please call the Help Desk at (888) 461-8898.

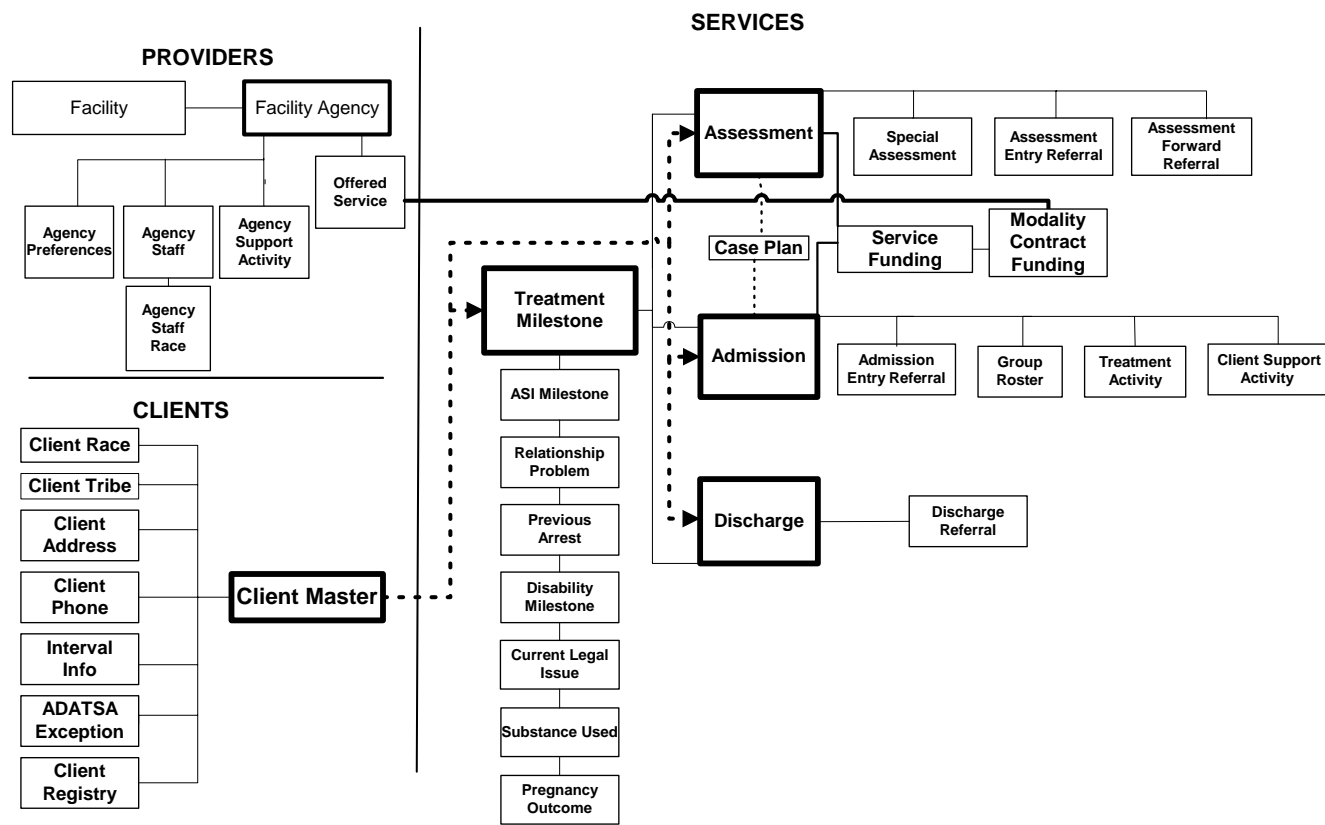
DICTIONARY DESCRIPTION

2. TARGET DATA MODEL

The "high-level" Data Model below shows the data that **TARGET** collects. Developers who want to see detailed flow diagrams of the data files can refer to the full Data Model. In Part III, Data Elements, you will find descriptions of the fields in these files.

TARGET2000

DATAMODEL OVERVIEW



## DICTIONARY DESCRIPTION

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### 3. DATA ELEMENTS

This Data Dictionary describes each data element in a standard format. The top section provides information useful to those who use the Target system and forms; Field Description, Valid Entries and Business Rules. The lower section provides File References and Field Information for developers. The Data Element History section tracks changes to the system.

The sample data element below illustrates this format.

<b>TARGET</b> <b>Data Dictionary</b>			
<b>LAST NAME</b>			
<b>Field Description</b>	Indicates the last name of client or staff member. Please do not include punctuation or titles (i.e., hyphens, apostrophes, Jr. etc.) when entering the data into the database.		
<b>Valid Entries</b>	Up to 60 characters.		
<b>Business Rules</b>	Required Field		
<b>File References</b>	CLIENT_MASTER FACILITY_STAFF		
<b>Field Information</b>	DASA Database  (SQL)	Name:  Length: Type:	Client_Last_Name Staff_Last_Name 60 Varchar, null
<b>Data Element History</b>	---		

L-2

### 4. DICTIONARY USE

To find a data element in this Dictionary, you can use two approaches. If you know the field title, look it up in the alphabetized section of the Data Elements; or you can turn to the Data Entry Form for the type of element you want (ex. Assessment/Admission form) to find the exact page number.

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*TARGET*  
Data Dictionary

## Part II


# Forms Index





## Forms Listing

Form Name	DSHS Form Number	Pages
Target Data Elements	04-416	8
Treatment Activities	04-418	1
Group Treatment Activities	04-436	1
Target Change of Circumstances	04-423	1
Discharge or ADATSA Closure	04-416A	1
Detox Short Form	04-417	2
Client Support Activities	04-419	1
Group Support Activities	04-438	1
Agency Support Activities	04-437	1
Agency Staff	04-420	1
ADATSA/Adult Assessment	04-433	8
ADATSA Treatment Recommendations	04-433A	1
ADATSA Treatment Eligibility	04-433B	1
Client Registry Lookup	22-382(X)	2







DASA Division of Alcohol  
& Substance Abuse

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

**DASA TARGET DATA ELEMENTS**  
**Assessment/Admission Setup**

AGENCY NUMBER

A20

STAFF IDENTIFICATION

S18

**SECTION I: CLIENT IDENTIFICATION**

1. LAST NAME L2	2. FIRST NAME F3	3. MIDDLE NAME M5	4. OTHER LAST NAME O4																				
5. DATE OF BIRTH B1	6. SOCIAL SECURITY NUMBER * S10	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female G2	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER W1																				
9. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY) <input type="checkbox"/> Cuban <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Refused to Answer S12																							
10. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Middle East</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Other Asian</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Other Pacific Islander</td></tr><tr><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Other Race</td></tr><tr><td><input type="checkbox"/> Guamanian</td><td><input type="checkbox"/> Refused to Answer</td></tr><tr><td><input type="checkbox"/> Hawaiian (Native)</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> White/European American</td></tr></table> Tribal Code (No. 1) T8 Tribal Code (No. 2) T8				<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American
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<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai																						
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese																						
<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American																						

**SECTION II: ASSESSMENT SETUP**

1. ASSESSMENT DATE A28	3. ASSESSMENT TYPE (CHECK ONE) <input type="checkbox"/> ADATSA Assessment <input type="checkbox"/> Involuntary Commitment <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Other than the Above <input type="checkbox"/> DUI/Dept. of Licensing A29																											
2. ASSESSMENT TIME A28 : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																												
4. ENTRY REFERRAL (CHECK ALL THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> At Risk Youth (ARY/CHINS)</td><td><input type="checkbox"/> DSHS Community Services Office</td><td><input type="checkbox"/> Police</td></tr><tr><td><input type="checkbox"/> Attorney</td><td><input type="checkbox"/> Employer/EAP</td><td><input type="checkbox"/> School/Education</td></tr><tr><td><input type="checkbox"/> BECCA Involved</td><td><input type="checkbox"/> First Steps or PPP Case</td><td><input type="checkbox"/> Self/Family</td></tr><tr><td><input type="checkbox"/> Court/Probation</td><td><input type="checkbox"/> Group Care</td><td><input type="checkbox"/> Social Security Administration</td></tr><tr><td><input type="checkbox"/> DCFS/CPS</td><td><input type="checkbox"/> Involuntary Commitment</td><td><input type="checkbox"/> TASC</td></tr><tr><td><input type="checkbox"/> Department of Corrections (DOC)</td><td><input type="checkbox"/> JRA</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Department of Licensing (DOL)</td><td><input type="checkbox"/> Mental Health Provider</td><td></td></tr><tr><td><input type="checkbox"/> Detoxification Facility</td><td><input type="checkbox"/> Other Alcohol/Drug Facility</td><td></td></tr><tr><td><input type="checkbox"/> Diversion</td><td><input type="checkbox"/> Other Health Care Provider</td><td></td></tr></table> E10		<input type="checkbox"/> At Risk Youth (ARY/CHINS)	<input type="checkbox"/> DSHS Community Services Office	<input type="checkbox"/> Police	<input type="checkbox"/> Attorney	<input type="checkbox"/> Employer/EAP	<input type="checkbox"/> School/Education	<input type="checkbox"/> BECCA Involved	<input type="checkbox"/> First Steps or PPP Case	<input type="checkbox"/> Self/Family	<input type="checkbox"/> Court/Probation	<input type="checkbox"/> Group Care	<input type="checkbox"/> Social Security Administration	<input type="checkbox"/> DCFS/CPS	<input type="checkbox"/> Involuntary Commitment	<input type="checkbox"/> TASC	<input type="checkbox"/> Department of Corrections (DOC)	<input type="checkbox"/> JRA	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Department of Licensing (DOL)	<input type="checkbox"/> Mental Health Provider		<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Other Alcohol/Drug Facility		<input type="checkbox"/> Diversion	<input type="checkbox"/> Other Health Care Provider	
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<input type="checkbox"/> Department of Corrections (DOC)	<input type="checkbox"/> JRA	<input type="checkbox"/> Other: _____																										
<input type="checkbox"/> Department of Licensing (DOL)	<input type="checkbox"/> Mental Health Provider																											
<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Other Alcohol/Drug Facility																											
<input type="checkbox"/> Diversion	<input type="checkbox"/> Other Health Care Provider																											
5. CLIENT REGISTRY PARTICIPATION <input type="checkbox"/> Permitted <input type="checkbox"/> Refused <input type="checkbox"/> Revoked C16	6. STATUS DATE S24	7. REFERRING CSO/HCS R7	8. CSO REFERRAL DATE C28																									

**SECTION III: ADMISSION SETUP**

1. ADMISSION DATE A16	2. ADMISSION TIME A16 : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	3. Is this an ADATSA admission? <input type="checkbox"/> Yes <input type="checkbox"/> No A11																											
4. ENTRY REFERRAL (CHECK ALL THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> ADATSA Assessment Center</td><td><input type="checkbox"/> Diversion</td><td><input type="checkbox"/> Other Health Care Provider</td></tr><tr><td><input type="checkbox"/> At Risk Youth (ARY/CHINS)</td><td><input type="checkbox"/> DSHS Community Services Office</td><td><input type="checkbox"/> Police</td></tr><tr><td><input type="checkbox"/> Attorney</td><td><input type="checkbox"/> Employer/EAP</td><td><input type="checkbox"/> School/Education</td></tr><tr><td><input type="checkbox"/> BECCA Involved</td><td><input type="checkbox"/> First Steps or PPP Case</td><td><input type="checkbox"/> Self/Family</td></tr><tr><td><input type="checkbox"/> Court/Probation</td><td><input type="checkbox"/> Group Care</td><td><input type="checkbox"/> Social Security Administration</td></tr><tr><td><input type="checkbox"/> DCFS/CPS</td><td><input type="checkbox"/> Involuntary Commitment</td><td><input type="checkbox"/> TASC</td></tr><tr><td><input type="checkbox"/> Department of Corrections (DOC)</td><td><input type="checkbox"/> JRA</td><td></td></tr><tr><td><input type="checkbox"/> Department of Licensing (DOL)</td><td><input type="checkbox"/> Mental Health Provider</td><td></td></tr><tr><td><input type="checkbox"/> Detoxification Facility</td><td><input type="checkbox"/> Other Alcohol/Drug Facility</td><td></td></tr></table> E10			<input type="checkbox"/> ADATSA Assessment Center	<input type="checkbox"/> Diversion	<input type="checkbox"/> Other Health Care Provider	<input type="checkbox"/> At Risk Youth (ARY/CHINS)	<input type="checkbox"/> DSHS Community Services Office	<input type="checkbox"/> Police	<input type="checkbox"/> Attorney	<input type="checkbox"/> Employer/EAP	<input type="checkbox"/> School/Education	<input type="checkbox"/> BECCA Involved	<input type="checkbox"/> First Steps or PPP Case	<input type="checkbox"/> Self/Family	<input type="checkbox"/> Court/Probation	<input type="checkbox"/> Group Care	<input type="checkbox"/> Social Security Administration	<input type="checkbox"/> DCFS/CPS	<input type="checkbox"/> Involuntary Commitment	<input type="checkbox"/> TASC	<input type="checkbox"/> Department of Corrections (DOC)	<input type="checkbox"/> JRA		<input type="checkbox"/> Department of Licensing (DOL)	<input type="checkbox"/> Mental Health Provider		<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Other Alcohol/Drug Facility	
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<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Other Alcohol/Drug Facility																												
5. REFERRING AGENCY R5	6. REFERRING CSO/HCS R7	7. CLIENT REGISTRY PARTICIPATION <input type="checkbox"/> Permitted <input type="checkbox"/> Refused <input type="checkbox"/> Revoked C16	8. STATUS DATE S24																										

\* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

DASA TARGET DATA ELEMENTS  
**Assessment/Admission and Discharge**

☐ Assess ☐ Admit ☐ Discharge

AGENCY NUMBER <u>A20</u>	STAFF IDENTIFICATION <u>518</u>
CLIENT NAME <u>C14</u>	

**SECTION IV: CLIENT MILESTONES**

**A. LANGUAGE SKILLS**

1. ENGLISH SPEAKING SKILLS <u>E9</u> <input type="checkbox"/> Functional <input type="checkbox"/> Interpretive Services Needed <input type="checkbox"/> Unknown		3. <input type="checkbox"/> Uses Braille <u>B3</u> <input type="checkbox"/> Uses Large Print English <u>L1</u>
2. ENGLISH READING SKILLS <u>E8</u> <input type="checkbox"/> Functional <input type="checkbox"/> Interpretive Services Needed <input type="checkbox"/> Unknown		
4. PRIMARY LANGUAGE USED IN YOUR HOME IF OTHER THAN ENGLISH (CHECK ONE BOX ONLY)		
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Finnish	<input type="checkbox"/> Indian (General)
<input type="checkbox"/> Amharic	<input type="checkbox"/> French	<input type="checkbox"/> Italian
<input type="checkbox"/> Arabic	<input type="checkbox"/> German	<input type="checkbox"/> Japanese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Greek	<input type="checkbox"/> Korean
<input type="checkbox"/> Cantonese <u>P19</u>	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Lakota Sioux
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Laotian
<input type="checkbox"/> Czech	<input type="checkbox"/> Hmong	<input type="checkbox"/> Malay
<input type="checkbox"/> Dutch	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Farsi	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Marathi
<input type="checkbox"/> Mien	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other Language	<input type="checkbox"/> Polish	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Puyallup	<input type="checkbox"/> Romanian	<input type="checkbox"/> Thai
<input type="checkbox"/> Russian	<input type="checkbox"/> Salish	<input type="checkbox"/> Tigrigna
<input type="checkbox"/> Samoan	<input type="checkbox"/> Unknown Language	<input type="checkbox"/> Ukrainian
	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Yakama

**B. FAMILY AND SOCIAL ARRANGEMENTS**

1. RESIDENCY (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Controlled Environment <u>R11</u>	<input type="checkbox"/> Hospital/Other Institution	<input type="checkbox"/> Personal Residence	
<input type="checkbox"/> Drug-Free Shared/Transitional Housing	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Single Room Occupancy	
<input type="checkbox"/> Foster/Group Home	<input type="checkbox"/> No Stable Arrangement	<input type="checkbox"/> Student Residence	
<input type="checkbox"/> Homeless Shelter/Mission	<input type="checkbox"/> On the Street	<input type="checkbox"/> Transient Quarters	
2. STREET ADDRESS <u>S27</u>	3. CITY <u>C12</u>	4. STATE <u>S23</u>	5. ZIP CODE <u>Z1</u>
6. COUNTY <u>C26</u>	7. TELEPHONE NUMBER <u>T2</u>	8. EMERGENCY TELEPHONE NUMBER <u>E1</u>	
9. NAME OF NEXT OF KIN AND RELATIONSHIP <u>N1</u>			
10. MARITAL STATUS (CHECK ONE BOX ONLY) <u>M2</u>			
<input type="checkbox"/> Divorced	<input type="checkbox"/> Married or Committed Relationship	<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
11. Are you satisfied with your current marriage or relationship status (ASI)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indifferent <u>M1</u>			
12. WHO ARE YOU LIVING WITH (CHECK ONE BOX)			
<input type="checkbox"/> Alone <u>L3</u>	<input type="checkbox"/> Other Family Members with or without Child(ren)	<input type="checkbox"/> Roommates	
<input type="checkbox"/> Child(ren) Alone	<input type="checkbox"/> Parent(s)/Parent(s) with Child(ren)	<input type="checkbox"/> Spouse/Partner Alone	
<input type="checkbox"/> Foster parents/Group Home		<input type="checkbox"/> Spouse/Partner and Child(ren)	
<input type="checkbox"/> Friends			
13. HOW DO YOU IDENTIFY YOUR SEXUAL ORIENTATION? <u>S8</u>			
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Choosing Not to Disclose	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender
14. Persons in household (including you): <u>P2</u>			
15. a. Number of your children or siblings under 18 years living with you: <u>C11</u>		b. Under 12 years: <u>C11</u>	
16. a. Number of your children or siblings under 18 years not living with you: <u>C10</u>		b. Under 12 years: <u>C10</u>	
17. a. Number of other children under 18 years living with you: <u>C9</u>		b. Under 12 years: <u>C9</u>	
18. In the last thirty days, have you had significant periods in which you have experienced serious problems getting along with (ASI):			
Mother ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Spouse/Sexual Partner ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>R10</u> Close Friends ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
Father ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Children ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Neighbors ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sister/Brother ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Other Significant Family Member ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	Co-workers ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTES

DASA TARGET DATA ELEMENTS  
Assessment/Admission and Discharge

☐ Assess ☐ Admit ☐ Discharge

AGENCY NUMBER <u>A20</u>	STAFF IDENTIFICATION <u>518</u>
CLIENT NAME <u>C14</u>	

SECTION IV: CLIENT MILESTONES (CONTINUED)

B. FAMILY AND SOCIAL ARRANGEMENTS (CONTINUED)

19. In the last 30 days (ASI):

How many times have you had serious conflicts with your family members: C19

How troubled or bothered have you been by family problems (ASI Scale Number): T26

20. How important to you now is treatment or counseling for these family problems (ASI Scale Number): T6

21. Is your current living environment conducive to recovery? ☐ Yes ☐ No L5

22. IF UNDER 18 YEARS, HOW MANY TIMES HAVE YOU RUN AWAY IN THE PAST YEAR?

☐ 0 times ☐ 2 times ☐ 4 times ☐ 6 to 10 times ☐ More than 20 times R15  
☐ 1 time ☐ 3 times ☐ 5 times ☐ 11 to 20 times

23. Do you have a valid driver's license (ASI)?

☐ Yes ☐ No D25

24. Do you have an automobile available (ASI)?

☐ Yes ☐ No A31

C. EDUCATION

1. ACADEMIC/TRAINING ACHIEVEMENT (CHECK ONE BOX ONLY)

☐ AA Degree (Academic) ☐ No Degree ☐ Unknown  
☐ AA Degree (Vocational) ☐ Post-Graduate Degree ☐ Vocational Training (Certificate)  
☐ GED ☐ Undergraduate Degree ☐ Vocational Training (No Certificate)  
☐ High School Diploma A1

2. YEARS OF EDUCATION

Y1

3. TYPE OF SCHOOL (CHECK ONE)

☐ Academic ☐ Not in School/NA S4 ☐ Other/Alternative ☐ Vocational/Technical

4. In the last twelve months:

How many times have you been suspended from school: S2

How many schools have you been expelled from: S1

5. SCHOOL STATUS (CHECK ONE)

☐ Dropped Out ☐ Not Enrolled  
☐ Expelled ☐ Part Time  
☐ Full Time S3 ☐ Suspended

D. EMPLOYMENT AND INCOME

1. EMPLOYMENT ACTIVITY (CHECK ONE BOX ONLY)

☐ Employed Full-Time ☐ Institutionalized ☐ Under Age Not in Workforce  
☐ Employed Part-Time E2 ☐ Military ☐ Unemployed Not Seeking Work  
☐ Employed Temporary/On Call/Intermittent ☐ Not Working Due to Disability ☐ Unemployed Seeking Work  
☐ Homemaker ☐ Retired

2. PRIMARY SOURCE OF INCOME OR SUPPORT (CHECK ONE BOX ONLY)

☐ Disability ☐ Other ☐ Social Security (SSA/SSDI)  
☐ Family/Friend (most Youth fall here) ☐ Public Assistance S11 ☐ Unemployment Compensation  
☐ None ☐ Retirement Pension ☐ Wages/Salary

3. MONTHLY HOUSEHOLD INCOME (GROSS)

M12

4. MONTHLY PERSONAL INCOME (GROSS)

M13

5. In the last 30 days (ASI):

How many days were you paid for working: D2

How much money did you receive from employment: E6

How much money did you receive from illegal activities: I2

6. Are you a military veteran? ☐ Yes ☐ No Y1

NOTES

DASA TARGET DATA ELEMENTS  
**Assessment/Admission and Discharge**

☐ Assess ☐ Admit ☐ Discharge

AGENCY NUMBER <u>A20</u>	STAFF IDENTIFICATION <u>S18</u>
CLIENT NAME <u>C14</u>	

**SECTION IV: CLIENT MILESTONES (CONTINUED)**

**E. PHYSICAL HEALTH**

1. PREVIOUS MEDICAL TREATMENT – NOT PREVENTATIVE

In the last 30 days (ASI):

How many days have you experienced medical problems: M3

How troubled or bothered have you been by these medical problems (ASI Scale Number): T26

How important to you now is treatment for these medical problems (ASI Scale Number): T6

(FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.)

2. NUMBER OF PREVIOUS EMERGENCY ROOM VISITS <u>P13</u>	3. NUMBER OF PREVIOUS OUTPATIENT/CLINIC VISITS <u>P18</u>	4. NUMBER OF PREVIOUS HOSPITAL INPATIENT ADMISSIONS <u>P15</u>	5. NUMBER OF PREVIOUS HOSPITAL INPATIENT DAYS <u>P14</u>
6. HOW MANY TIMES HAVE YOU BEEN TESTED FOR STD IN THE LAST YEAR? <u>S26</u>	7. CURRENTLY UNDER CARE FOR INFECTIOUS DISEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Need <u>P4</u>	8. HAVE YOU HAD A TRAUMATIC HEAD INJURY THAT RESULTED IN LOSS OF CONSCIOUSNESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>T5</u>	
9. CURRENTLY UNDER CARE FOR TRAUMATIC HEAD INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Need <u>P4</u>	10. CURRENTLY UNDER CARE FOR CONTINUING ILLNESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Need <u>P4</u>	11. CURRENTLY UNDER CARE FOR DENTAL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Need <u>P4</u>	
12. DISABILITY – MAJOR LIMITATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Mental/Psychological <input type="checkbox"/> Speech-Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> None <u>D12</u> <input type="checkbox"/> Learning <input type="checkbox"/> Other: _____		13. HAVE YOU EVER BEEN A VICTIM OF DOMESTIC VIOLENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <u>D24</u>	
		14. ARE YOU CURRENTLY A VICTIM OF DOMESTIC VIOLENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <u>D23</u>	

**F. PREGNANCY STATUS**

1. ESTIMATED DUE DATE (MM/DD/YYYY) <u>E14</u>	2. HAS PRENATAL PROVIDER? <u>P9</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	3. PREGNANCY END DATE (MM/DD/YYYY) <u>P7</u>
--	---	---

**G. MENTAL/PSYCHOLOGICAL CONDITIONS**

1. PREVIOUS MENTAL TREATMENT (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ONE BOX ONLY) <u>P16</u> <input type="checkbox"/> No/NA <input type="checkbox"/> Unknown <input type="checkbox"/> With Hospitalization <input type="checkbox"/> With Outpatient Treatment	2. DAYS HOSPITALIZED FOR MENTAL TREATMENT <u>D3</u>
3. CURRENT PSYCHIATRIC EVALUATION (CHECK ONE BOX ONLY) <input type="checkbox"/> No Evaluation Made <input type="checkbox"/> Psychiatric Evaluation Made, No Problem Found <input type="checkbox"/> Re-evaluation Needed <input type="checkbox"/> Problem Indicated, Referral Made <input type="checkbox"/> Psychiatric Evaluation Made, Problem Diagnosed <u>C32</u>	
4. Does anyone in your immediate family or current living situation have a diagnosed mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>M4</u>	
5. In the last 30 days (ASI): How many days have you experienced psychological or emotional problems: <u>P22</u> How troubled or bothered have you been by psychological or emotional problems (ASI Scale Number): <u>T26</u>	
6. How important to you <b>now</b> is treatment for these psychological problems (ASI Scale Number): <u>T6</u>	
7. CURRENTLY RECEIVING MENTAL HEALTH SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Need <u>C35</u>	8. CURRENTLY ON PRESCRIBED PSYCHIATRIC MEDICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <u>C33</u>

NOTES

## Assessment/Admission and Discharge

☐ Assess☐ Admit☐ Discharge

AGENCY NUMBER

A20

STAFF IDENTIFICATION

S18

CLIENT NAME

C14

## SECTION IV: CLIENT MILESTONES (CONTINUED)

## H. ARRESTS AND LEGAL ISSUES

1. PREVIOUS ARREST(S) (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ALL THAT APPLY)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crime(s) Unknown            | <input type="checkbox"/> Drug Trafficking or Manufacturing        | <input type="checkbox"/> Other Public-Order Offenses |
| <input type="checkbox"/> Domestic Violence           | <input type="checkbox"/> Malicious Mischief or Disorderly Conduct | <input type="checkbox"/> Property Crimes             |
| <input type="checkbox"/> Driving Under the Influence | <input type="checkbox"/> None                                     | <input type="checkbox"/> Violent Crimes              |
| <input type="checkbox"/> Drug Possession             |   |  |

P10

2. How many times have you ever been charged with (report number for all checked choices on the line provided) (ASI)  
(NOTE: Adult offense only):

Arson _____	Forgery _____	Rape _____
Assault _____	Homicide _____	Robbery _____
Burglary _____	Other Criminal Offense _____	Shoplifting _____
Contempt of Court _____	Probation Violation _____	Weapons Offense _____
Drug Related Violations _____	Prostitution _____	

C5

3. CURRENT LEGAL INVOLVEMENT (CHECK ALL THAT APPLY)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Awaiting Charges             | <input type="checkbox"/> Drug Court - Adult                 | <input type="checkbox"/> Incarcerated, Pre-Trial                  |
| <input type="checkbox"/> Awaiting Trial               | <input type="checkbox"/> Drug Court - Juvenile              | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Child Custody Issue          | <input type="checkbox"/> In DUI Deferred Prosecution Status | <input type="checkbox"/> On Probation or Parole                   |
| <input type="checkbox"/> Convicted, Awaiting Sentence | <input type="checkbox"/> In Other Supervised Program        | <input type="checkbox"/> On Trial                                 |
| <input type="checkbox"/> CPS Court Involved           | <input type="checkbox"/> Incarcerated, Post-Conviction      | <input type="checkbox"/> Petitioning for DUI Deferred Prosecution |
| <input type="checkbox"/> Diversion                    |   |   |

C29

4. How many days in the past 30 days have you engaged in illegal activities for profit: I1 (ASI)5. How serious do you feel your present legal problems are (ASI Scale Number): T266. How important to you now is counseling or referral for these legal problems (ASI Scale Number): T6

## I. SUBSTANCE ABUSE

1. If administered a breath test, what were the results: B4

2. In the past 30 days (ASI):

How much money would you say you spent on alcohol: \$ A21How much money would you say you spent on drugs: \$ D27How many days have you experienced alcohol problems: A22How troubled or bothered have you been by these alcohol problems (ASI Scale Number): T26How important to you now is treatment for these alcohol problems (ASI Scale Number): T6How many days have you experienced drug problems: D28How troubled or bothered have you been by these drug problems (ASI Scale Number): T26How important to you now is treatment for these drug problems (ASI Scale Number): T63. Does anyone in your immediate family or current living situation have an alcohol problem? ☐ Yes ☐ No A23

4. Does anyone in your immediate family or current living situation have a problem with drugs other than alcohol or tobacco?

☐ Yes ☐ No D295. Does anyone in your immediate family or current living situation have a gambling problem? ☐ Yes ☐ No G1

NOTES

## Assessment/Admission and Discharge

☐ Assess
 ☐ Admit
 ☐ Discharge

AGENCY NUMBER

A20

STAFF IDENTIFICATION

S18

CLIENT NAME

C14

## SECTION IV: CLIENT MILESTONES (CONTINUED)

## J. SUBSTANCE USE HISTORY

## KEY CODES

## PST CODES

Primary (1)

Secondary (2)

Tertiary (3)

P21

## ADMINISTRATION CODES

Inhalation (I)

Oral (O)

Injection (J)

Other (X)

Intra nasal (N)

Smoking (S)

A15

## FREQUENCY OF USE/PEAK USE PER MONTH

1 - No use

4 - 13 or more times

2 - 1 to 3 times

5 - Daily

3 - 4 to 12 times

6 - Unknown

F6/

P1

## SUBSTANCES

SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)
1 Alcohol	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	10 Marijuana - Cannabis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	16 Over the Counter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2 Amphetamines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	11 Methamphetamine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	17 Oxy/Hydro Codone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3 Barbiturates	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	12 No substance abuse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	18 PCP	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4 Benzodiazepines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	13 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	19 Prescribed Opiate Substitute	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5 Cocaine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	14 Other Sedatives or Hypnotics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	20 Substance Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6 Hallucinogens	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	15 Other Opiates and Synthetics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	21 Tobacco products (can not be primary)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7 Heroin	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
8 Inhalants	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
9 Major tranquilizers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

## 1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES.

PST	SUBSTANCE (CODE)	ADMIN (CODE)	AGE OF FIRST USE	FREQUENCY OF USE IN LAST 30 DAYS (CODE)	PEAK USE PER MONTH IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS
1	S28	A15	A18	F6	P1	D1	A24
2							
3							

## 2. User defined option:

U1

## 3. CURRENT STAGE OF USE

☐ Chemically Dependent (Addicted)
 ☐ Abuse
 ☐ Experimental Use
 ☐ No Significant Problem
 ☐ In Recovery

C34

## 4. POLY SUBSTANCE USE

☐ Yes
 ☐ No

PG

5. Have you ever used needles to illicitly inject drugs? ☐ Continuously ☐ Intermittently ☐ Rarely ☐ Never E166. Inject drugs in the last 30 days? ☐ Yes ☐ No This option for abort discharge ONLY: ☐ Unknown I57. Currently smoke cigarettes? ☐ Yes ☐ No C36Ever tried to quit smoking? ☐ Yes ☐ No E15Want to quit smoking now? ☐ Yes ☐ No W2

8. Specify client's drug of choice: D27

## NOTES

DASA TARGET DATA ELEMENTS  
**Assessment/Admission and Discharge**

☐ Assess ☐ Admit ☐ Discharge

AGENCY NUMBER <b>A20</b>	STAFF IDENTIFICATION <b>S18</b>
CLIENT NAME <b>C14</b>	

**SECTION V: CLIENT REFERRALS, MODALITY, AND FUNDING**

Complete the section that corresponds to the client's assessment or admission. Note: If this is for an ADATSA Assessment, do not use this form instead continue with the DSHS 04-433(X), ADATSA Assessment Addendum.

☐ **A. ASSESSMENT COMPLETION (NON-ADATSA)**

**REFERRALS**

1. FORWARD REFERRAL (CHECK ALL THAT APPLY)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADATSA Assessment Center        | <input type="checkbox"/> Detoxification          | <input type="checkbox"/> Non-ADATSA Treatment       |
| <input type="checkbox"/> Alcohol/Drug Information School | <input type="checkbox"/> Medical/Dental Services | <input type="checkbox"/> Other (specify): <b>F4</b> |
| <input type="checkbox"/> ATR Services                    | <input type="checkbox"/> Mental Health Services  | <input type="checkbox"/> Self-Help Group            |
| <input type="checkbox"/> CD Involuntary Commitment       | <input type="checkbox"/> No Referral             |   |

2. RECOMMENDED ASAM PLACEMENT LEVEL

**A25**

3. Did you suggest client apply for DSHS Public Assistance? ☐ Yes ☐ No

**S30**

**FUNDING SOURCE**

1. SPECIAL PROJECT STATE

**S15**

2. SPECIAL PROJECT COUNTY

**S14**

3. SPECIAL PROJECT AGENCY

**S13**

4. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

- |  |   |
|--|---|
| <input type="checkbox"/> ADATSA  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Applicant <b>P23</b>                              | <input type="checkbox"/> Refugee Assistance                             |
| <input type="checkbox"/> General Assistance – Presumptive Disability (GAX) | <input type="checkbox"/> Supplemental Security Income (SSI; S01)        |
| <input type="checkbox"/> General Assistance – Unemployable (GAU)           | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Medical Assistance Only                           |   |

5. CONTRACT (CHECK ONE BOX ONLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADATSA                     | <input type="checkbox"/> Criminal Justice – Innovation | <input type="checkbox"/> Other/None            |
| <input type="checkbox"/> Adult Outpatient <b>M8</b> | <input type="checkbox"/> DOC - COM                     | <input type="checkbox"/> Pregnant/Parenting    |
| <input type="checkbox"/> Adult Residential          | <input type="checkbox"/> DOC - Jail                    | <input type="checkbox"/> TANF (ESA)            |
| <input type="checkbox"/> ATR – Access to Recovery   | <input type="checkbox"/> Gov2Gov (Non XIX)             | <input type="checkbox"/> Tribe MOA (Title XIX) |
| <input type="checkbox"/> CDDA (COMM)                | <input type="checkbox"/> Indian Health Services (IHS)  | <input type="checkbox"/> Youth Treatment       |
| <input type="checkbox"/> CDDA (LS)                  | <input type="checkbox"/> Molina – Managed Care         | <input type="checkbox"/> WASBIRT               |
| <input type="checkbox"/> Criminal Justice (CJ)      |  |  |

6. FUND SOURCE (CHECK ONE BOX ONLY)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Agency Funded             | <input type="checkbox"/> Other <b>M8</b> | <input type="checkbox"/> State Direct          | <input type="checkbox"/> State Non DSHS            |
| <input type="checkbox"/> County Community Services | <input type="checkbox"/> Private Pay     | <input type="checkbox"/> State DSHS (Non DASA) | <input type="checkbox"/> Tribal Community Services |
| <input type="checkbox"/> Federal Direct            |  |  |  |

7. TITLE XIX FUNDED

**13**

☐ Yes ☐ No

8. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)

**C25**

9. ASSESSMENT STAFF ID

**S18**

10. CASE MONITOR (IF DIFFERENT)

**S20**

11. ASSESSMENT DURATION

HOURS **D31** MINUTES

12. COURT ORDERED

☐ Yes ☐ No

**C27**

13. DOC CONSENT DATE

**C20**

14. STATUTORY MAX DATE

**S25**

NOTES

DASA TARGET DATA ELEMENTS  
**Assessment/Admission and Discharge**

☐ Assess ☐ Admit ☐ Discharge

AGENCY NUMBER <b>A20</b>	STAFF IDENTIFICATION <b>S18</b>
CLIENT NAME <b>C14</b>	

☐ **B. ADMISSION COMPLETION**

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

- |  |   |
|--|---|
| <input type="checkbox"/> ADATSA  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Applicant <b>P23</b>                              | <input type="checkbox"/> Refugee Assistance                             |
| <input type="checkbox"/> General Assistance – Presumptive Disability (GAX) | <input type="checkbox"/> Supplemental Security Income (SSI)             |
| <input type="checkbox"/> General Assistance – Unemployable (GAU)           | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Medical Assistance Only                           |   |

2. MODALITY (CHECK ONE BOX ONLY)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Detoxification                   | <input type="checkbox"/> Long-Term Residential                   | <input type="checkbox"/> Outpatient           |
| <input type="checkbox"/> Group Care Enhancement <b>M8</b> | <input type="checkbox"/> Methadone/Opiate Substitution Treatment | <input type="checkbox"/> Recovery House       |
| <input type="checkbox"/> Intensive Inpatient              | <input type="checkbox"/> COD Outpatient                          | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Intensive Outpatient             |  |   |

3. CONTRACT (CHECK ONE BOX ONLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADATSA                             | <input type="checkbox"/> Criminal Justice – Innovation | <input type="checkbox"/> Other/None            |
| <input type="checkbox"/> Adult Outpatient                   | <input type="checkbox"/> DOC - COM                     | <input type="checkbox"/> Pregnant/Parenting    |
| <input type="checkbox"/> Adult Residential                  | <input type="checkbox"/> DOC - Jail                    | <input type="checkbox"/> TANF (ESA)            |
| <input type="checkbox"/> ATR – Access to Recovery <b>M8</b> | <input type="checkbox"/> Gov2Gov (Non XIX)             | <input type="checkbox"/> Tribe MOA (Title XIX) |
| <input type="checkbox"/> CDDA (COMM)                        | <input type="checkbox"/> Indian Health Services (IHS)  | <input type="checkbox"/> Youth Treatment       |
| <input type="checkbox"/> CDDA (LS)                          | <input type="checkbox"/> Molina – Managed Care         | <input type="checkbox"/> WASBIRT               |
| <input type="checkbox"/> Criminal Justice (CJ)              |  |  |

4. FUND SOURCE (CHECK ONE BOX ONLY)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Agency Funded             | <input type="checkbox"/> Other <b>M8</b> | <input type="checkbox"/> State Direct          | <input type="checkbox"/> State Non DSHS            |
| <input type="checkbox"/> County Community Services | <input type="checkbox"/> Private Pay     | <input type="checkbox"/> State DSHS (Non DASA) | <input type="checkbox"/> Tribal Community Services |
| <input type="checkbox"/> Federal Direct            |  |  |  |

5. CO-OCCURRING DISORDER CONTRACT CLIENT?

☐ Yes ☐ No **C23**

6. TITLE XIX FUNDED

☐ Yes ☐ No **T3**

7. RECOMMENDED ASAM PLACEMENT LEVEL

**A25**

8. SPECIAL PROJECT STATE

**S15**

9. SPECIAL PROJECT COUNTY

**S14**

10. SPECIAL PROJECT AGENCY

**S13**

11. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)

**C25**

12. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY)

- |   |   |
|---|---|
| <input type="checkbox"/> No Insurance Payment | <input type="checkbox"/> 50% or greater |
| <input type="checkbox"/> Less than 50%        | <b>I6</b>                               |

13. FEE STATUS (CHECK ONE BOX ONLY)

- ☐ Client Will Pay No Fee ☐ Client Will Pay Full Fee ☐ Client Will Pay Partial Fee **F2**

14. ADMISSION STAFF ID

**S19**

15. COUNSELOR STAFF ID

**S22**

16. ADMISSION DURATION  
HOURS MINUTES

**031**

17. COURT ORDERED

☐ Yes ☐ No **C27**

18. DOC CONSENT DATE

**C20**

19. STATUTORY MAX DATE

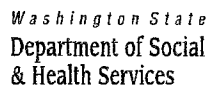
**S25**

20. INTERVIEWER'S SIGNATURE

21. DATE

NOTES



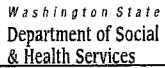


ADMISSION DATE	AGENCY NUMBER
A16	A20

1. LAST NAME L2	2. FIRST NAME F3	3. MIDDLE NAME M5	4. DATE OF BIRTH B1
--------------------	---------------------	----------------------	------------------------

ACTIVITY TYPE (CODE 1) Acupuncture (A) Case Management (M) Childcare (C) Conjoint (with client) (J) Family (without client) (F) Group (G) Individual (I) Methadone/Opiate Dependency Dose Change (R) Urinalysis Sample (U)	ATTENDANCE (CODE 2) Not Present, Excused by Provider (E) Not Present, Unexcused (N) Present at Treatment (Y)	CHILDCARE TYPE (CODE 3) In-Home Care (H) Licensed Childcare Center (L) Licensed Family/Home Care (C) Not Applicable (N) On-Site Facility (F) Relative Care (R) Therapeutic Center (T) Unknown (U)
--	---	---

DSHS 04-418 (REV. 09/2003)



GROUP NAME G5		AGENCY NUMBER A20
ACTUAL DURATION D31	STAFF IDENTIFICATION S18	

ACTUAL DATE	ACTUAL TIME
AS	AS : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

ACTUAL DURATION D31	STAFF IDENTIFICATION S18
------------------------	-----------------------------

C6

C – Licensed Family/Home Care  
N – Not Applicable

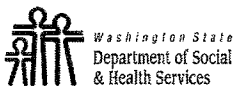
F – On-site Facility  
R – Relative Care

H – In-Home Care  
T – Therapeutic Center

L – Licensed Childcare Center  
U - Unknown

A30

[illegible]



DASA Division of Alcohol  
& Substance Abuse

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

## DASA TARGET CHANGE OF CIRCUMSTANCES

AGENCY NUMBER

A20

STAFF IDENTIFICATION

S18

INSTRUCTIONS: For clients receiving treatment, use this form to record only the types of change of circumstances shown below. Record other client changes that occur during treatment at discharge on the DASA Target Data Elements, DSHS 04-416. Record only the area(s) that have changed.

### SECTION I: CLIENT IDENTIFICATION

1. LAST NAME L2	2. FIRST NAME F3	3. MIDDLE NAME M5
4. DATE OF BIRTH B1	5. ORIGINAL ADMISSION DATE A16	6. CHANGE START DATE C2

### SECTION II: PREGNANCY OUTCOME

#### PREGNANCY OUTCOME CODES

L - Live Birth Child      M - Miscarriage      S - Stillborn Child (dead)      T - Other Termination

1. ESTIMATED DUE DATE MM/DD/YYYY E14	2. HAS PRENATAL PROVIDER p9 <input type="checkbox"/> Yes <input type="checkbox"/> No	3. PREGNANCY END DATE MM/DD/YYYY P7	4. Complete the table below to document the fetus/infant(s) associated with the actual date from Section 3. (The table allows for multiple births.) <b>Note:</b> Only complete columns 2, 3, and 4 if outcome = L - Live Birth Child
OUTCOME	WEIGHT LBS OZ	INFANT'S FIRST NAME	IS CHILD LIVING WITH CLIENT
P8	B2	I4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

### SECTION III: FUNDING

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY) <input type="checkbox"/> ADATSA <input type="checkbox"/> Applicant <input type="checkbox"/> General Assistance - Presumptive Disability (GAX) <input type="checkbox"/> General Assistance - Unemployable (GAU) <input type="checkbox"/> Medical Assistance Only p23 <input type="checkbox"/> None <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)			
2. CONTRACT (CHECK ONE BOX ONLY) <input type="checkbox"/> ADATSA <input type="checkbox"/> Adult Outpatient <input type="checkbox"/> Adult Residential <input type="checkbox"/> ATR - Access to Recovery <input type="checkbox"/> CDDA (COMM) <input type="checkbox"/> CDDA (LS) <input type="checkbox"/> Criminal Justice (CJ) M8 <input type="checkbox"/> Criminal Justice - Innovation <input type="checkbox"/> DOC - COM <input type="checkbox"/> DOC - Jail <input type="checkbox"/> Gov2Gov (Non XIX) <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Molina - Managed Care <input type="checkbox"/> Other/None <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> TANF (ESA) <input type="checkbox"/> Tribe MOA (Title XIX) <input type="checkbox"/> Youth Treatment <input type="checkbox"/> WASBIRT			
3. FUND SOURCE (CHECK ONE BOX ONLY) <input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Federal Direct <input type="checkbox"/> Other <input type="checkbox"/> Private Pay M8 <input type="checkbox"/> State Direct <input type="checkbox"/> State DSHS (Non DASA) <input type="checkbox"/> State Non DSHS <input type="checkbox"/> Tribal Community Services			
4. TITLE XIX FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No T3	5. CO-OCCURRING DISORDER <input type="checkbox"/> Yes <input type="checkbox"/> No C23	6. SPECIAL PROJECT STATE S15	7. SPECIAL PROJECT COUNTY S14
8. SPECIAL PROJECT AGENCY S13	9. PROJECT ACTIVE DATE -	10. PROJECT INACTIVE DATE -	11. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY) C25
12. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY) <input type="checkbox"/> No Insurance Payment <input type="checkbox"/> 50% or greater <input type="checkbox"/> Less than 50% I6		13. FEE STATUS (CHECK ONE BOX ONLY) <input type="checkbox"/> Client Will Pay No Fee <input type="checkbox"/> Client Will Pay Full Fee <input type="checkbox"/> Client Will Pay Partial Fee F2	
14. CHANGE MODALITY (CHECK ONE) <input type="checkbox"/> Intensive Outpatient (IO) to Outpatient (OP) <input type="checkbox"/> Intensive Outpatient (IO) to Methadone (MT) <input type="checkbox"/> Outpatient (OP) to Intensive Outpatient (IO) <input type="checkbox"/> Outpatient (OP) to Methadone (MT) <input type="checkbox"/> Methadone (MT) to Outpatient (OP) <input type="checkbox"/> Methadone (MT) to Intensive Outpatient (IO) M8		15. CLIENT REGISTRY PARTICIPATION <input type="checkbox"/> Yes <input type="checkbox"/> No C16	16. STATUS DATE S24

**DASA TARGET DATA ELEMENTS**

**Discharge or ADATSA Closure**

ADATSA: ☐ Yes ☐ No

AGENCY NUMBER

A20

STAFF IDENTIFICATION

S18

**SECTION I: CLIENT INFORMATION**

1. LAST NAME L2	2. FIRST NAME F3	3. MIDDLE NAME M5	4. DATE OF BIRTH B1
--------------------	---------------------	----------------------	------------------------

5. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Charitable Choice       | <input type="checkbox"/> No Contact/Abort                           |
| <input type="checkbox"/> Client Died             | <input type="checkbox"/> Not Amenable to Treatment/Lacks Engagement |
| <input type="checkbox"/> Completed Treatment     | <input type="checkbox"/> Rule Violation                             |
| <input type="checkbox"/> Funds Exhausted         | <input type="checkbox"/> Transferred to Different Facility          |
| <input type="checkbox"/> Inappropriate Admission | <input type="checkbox"/> Withdrew Against Program Advice            |
| <input type="checkbox"/> Incarcerated            | <input type="checkbox"/> Withdrew With Program Advice               |
| <input type="checkbox"/> Moved                   |   |
- D14

**SECTION II: DISCHARGE**

1. ADMISSION DATE A16	2. DISCHARGE DATE D13	3. DISCHARGE TIME D13 :	4. LEFT TREATMENT DUE TO RELAPSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown D30
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5. IF RECOMMENDING CONTINUING ALCOHOL/DRUG TREATMENT (CHECK ONE MODALITY BOX)

- |   |  |
|---|--|
| <input type="checkbox"/> Detoxification         | <input type="checkbox"/> Long-Term Residential                     |
| <input type="checkbox"/> Group Care Enhancement | <input type="checkbox"/> Methadone/Opiate (Substitution) Treatment |
| <input type="checkbox"/> Intensive Inpatient    | <input type="checkbox"/> Outpatient                                |
| <input type="checkbox"/> Intensive Outpatient   | <input type="checkbox"/> Recovery House                            |
- R4

6. Has client been essentially compliant with program or treatment expectations: ☐ Yes ☐ No C18

7. OTHER SERVICE REFERRAL (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> ADATSA Assessment Center | <input type="checkbox"/> Other Health Care Provider              |
| <input type="checkbox"/> ATR Services             | <input type="checkbox"/> Self-Help Group                         |
| <input type="checkbox"/> Housing Assistance       | <input type="checkbox"/> Transitional Housing                    |
| <input type="checkbox"/> Medical/Dental Services  | <input type="checkbox"/> Vocational Rehabilitation/Job Placement |
| <input type="checkbox"/> Mental Health Services   |  |
| <input type="checkbox"/> None                     |  |
| <input type="checkbox"/> Other: _____             |  |
- O6

RECOMMENDED ASAM PLACEMENT LEVEL: A25

**SECTION III: ADATSA CLOSURE (ASSESSMENT CENTERS ONLY)**

1. ASSESSMENT DATE A28	2. CLOSURE DATE C17
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DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)  
**DASA TARGET DETOX SHORT FORM**

AGENCY NUMBER

A20

**CLIENT IDENTIFICATION**

1. LAST NAME <u>L2</u>	2. FIRST NAME <u>F3</u>	3. MIDDLE NAME <u>M5</u>
4. OTHER LAST NAME <u>04</u>	5. DATE OF BIRTH <u>B1</u>	6. SOCIAL SECURITY NUMBER* <u>S10</u>
		7. GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <u>G2</u>

8. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY)

<input type="checkbox"/> Cuban	<input checked="" type="checkbox"/> S12	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to answer

9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Native American	<input type="checkbox"/> Samoan	Tribal Code (No. 1) <u>T8</u>
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Thai	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Vietnamese	Tribal Code (No. 2) <u>T8</u>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Race	<input type="checkbox"/> White/European American	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Refused to Answer		
<input type="checkbox"/> Middle East				

**TREATMENT INFORMATION**

BEGIN DATE <u>A16</u>	BEGIN TIME <u>A16</u>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	END DATE <u>D13</u>	END TIME <u>D13</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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**KEY CODES**

PST CODES	ADMINISTRATION CODES	FREQUENCY OF USE/PEAK USE PER MONTH
Primary (1)	Inhalation (I) Oral (O)	1 - No use
Secondary (2)	Injection (J) Other (X)	2 - 1 to 3 times
Tertiary (3)	Intra nasal (N) Smoking (S)	3 - 4 to 12 times
		4 - 13 or more times
		5 - Daily
		6 - Unknown

**SUBSTANCES**

SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)
1 Alcohol	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	10 Marijuana - Cannabis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	16 Over the Counter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2 Amphetamines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	11 Methamphetamine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	17 Oxy/Hydro Codone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3 Barbiturates	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	12 No substance abuse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	18 PCP	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4 Benzodiazepines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	13 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	19 Prescribed Opiate Substitute	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5 Cocaine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	14 Other Sedatives or Hypnotics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	20 Substance Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6 Hallucinogens	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	15 Other Opiates and Synthetics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	21 Tobacco products (can not be primary)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7 Heroin	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
8 Inhalants	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
9 Major tranquilizers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

**1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES.**

PST	SUBSTANCE (CODE)	ADMIN (CODE)	AGE OF FIRST USE	FREQUENCY OF USE IN LAST 30 DAYS (CODE)	PEAK USE PER MONTH IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS
1	S28	A15	A18	F6	P1	D1	A24
2							
3							

2. User defined option:

U1

2. CONTRACT (CHECK ONE BOX ONLY)

<input type="checkbox"/> Adult Outpatient	<input type="checkbox"/> Criminal Justice (CJ)	<input type="checkbox"/> Criminal Justice - Innovation	<input type="checkbox"/> Other/None
<input type="checkbox"/> Pregnant/Post Partum	<input type="checkbox"/> Youth Treatment		

\* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

**DASA TARGET DETOX SHORT FORM**

CLIENT NAME <div style="text-align: center; font-size: 1.2em;">C14</div>		AGENCY NUMBER <div style="text-align: center; font-size: 1.2em;">A20</div>		STAFF IDENTIFICATION <div style="text-align: center; font-size: 1.2em;">S18</div>	
3. FUND SOURCE (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Agency Funded		<input type="checkbox"/> Federal Direct <div style="text-align: center; font-size: 1.2em;">M8</div>		<input type="checkbox"/> Private Pay	
<input type="checkbox"/> County Community Services		<input type="checkbox"/> Other		<input type="checkbox"/> State DSHS (Non DASA)	
<input type="checkbox"/> State Direct		<input type="checkbox"/> State Non DSHS			
4. TITLE XIX FUNDED		5. INSURANCE PAYMENT (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; font-size: 1.2em;">T3</div>		<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or greater <div style="text-align: center; font-size: 1.2em;">I6</div> <input type="checkbox"/> No Insurance Payment			
6. FEE STATUS (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Client Will Pay No Fee <input type="checkbox"/> Client Will Pay Full Fee <div style="text-align: center; font-size: 1.2em;">F2</div> <input type="checkbox"/> Client Will Pay Partial Fee					
7. SPECIAL PROJECT STATE <div style="text-align: center; font-size: 1.2em;">S15</div>		8. SPECIAL PROJECT COUNTY <div style="text-align: center; font-size: 1.2em;">S14</div>		9. SPECIAL PROJECT AGENCY <div style="text-align: center; font-size: 1.2em;">S13</div>	
10. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)					
<input type="checkbox"/> ADATSA		<input type="checkbox"/> None			
<input type="checkbox"/> Applicant <div style="text-align: center; font-size: 1.2em;">P23</div>		<input type="checkbox"/> Refugee Assistance			
<input type="checkbox"/> General Assistance – Presumptive Disability (GAX)		<input type="checkbox"/> Supplemental Security Income (SSI; S01)			
<input type="checkbox"/> General Assistance – Unemployable (GAU)		<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)			
<input type="checkbox"/> Medical Assistance Only					
11. ENTRY REFERRAL (CHECK ALL THAT APPLY)					
<input type="checkbox"/> ADATSA Assessment Center		<input type="checkbox"/> Diversion		<input type="checkbox"/> Other Health Care Provider	
<input type="checkbox"/> At Risk Youth (ARY/CHINS)		<input type="checkbox"/> DSHS Community Services Office		<input type="checkbox"/> Police	
<input type="checkbox"/> Attorney		<input type="checkbox"/> Employer/EAP		<input type="checkbox"/> School/Education	
<input type="checkbox"/> BECCA Involved <div style="text-align: center; font-size: 1.2em;">E10</div>		<input type="checkbox"/> First Steps or PPP Case		<input type="checkbox"/> Self/Family	
<input type="checkbox"/> Court/Probation		<input type="checkbox"/> Group Care		<input type="checkbox"/> Social Security Administration	
<input type="checkbox"/> DCFS/CPS		<input type="checkbox"/> Involuntary Commitment		<input type="checkbox"/> TASC	
<input type="checkbox"/> Department of Corrections (DOC)		<input type="checkbox"/> JRA		<input type="checkbox"/> Other:	
<input type="checkbox"/> Department of Licensing (DOL)		<input type="checkbox"/> Mental Health Provider			
<input type="checkbox"/> Detoxification Facility		<input type="checkbox"/> Other Alcohol/Drug Facility			
12. DETOX END REFERRAL (CHECK ALL THAT APPLY)					
<input type="checkbox"/> ADATSA Assessment Completed		<input type="checkbox"/> Not Amenable to Treatment/Lacks Engagement			
<input type="checkbox"/> ADATSA Assessment Agency		<input type="checkbox"/> Other: _____			
<input type="checkbox"/> ATR Services		<input type="checkbox"/> Referred to CD Treatment			
<input type="checkbox"/> Involuntary Treatment (ITA)		<input type="checkbox"/> Self-Help Group <div style="text-align: center; font-size: 1.2em;">06</div>			
<input type="checkbox"/> Medical/Dental Services		<input type="checkbox"/> Transitional Housing			
<input type="checkbox"/> Mental Health Services					
<input type="checkbox"/> None					
13. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Client Died		<input type="checkbox"/> Inappropriate Admission		<input type="checkbox"/> Transferred to Different Facility	
<input type="checkbox"/> Completed Treatment <div style="text-align: center; font-size: 1.2em;">D14</div>		<input type="checkbox"/> Incarcerated		<input type="checkbox"/> Withdrew Against Program Advice	
<input type="checkbox"/> Funds Exhausted		<input type="checkbox"/> Rule Violation		<input type="checkbox"/> Withdrew With Program Advice	
14. GOVERNING COUNTY <div style="text-align: center; font-size: 1.2em;">C25</div>		15. HOMELESS OR ON THE STREET		16. RECOMMENDED ASAM PLACEMENT LEVEL	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; font-size: 1.2em;">H1</div>		<div style="text-align: center; font-size: 1.2em;">A25</div>	

DASA TARGET CLIENT SUPPORT ACTIVITIES (Non-Treatment)

AGENCY NUMBER

A20

<b>ACTIVITY TYPE (CODE 1)</b> Adolescent Case Management (G) Alcohol Drug Information School (A) Assessment and Referral (R) Brief Therapy Individual (U) Brief Therapy Group (O) Brief Therapy Family (P) Brief Therapy Conjoint (J) Community Education (E) Crisis Services (C)		<b>FUND SOURCE (CODE 2)</b> A - Agency Funded C - County Community Services F - Federal Direct O - Other P - Private Pay S - State Direct D - State DSHS (non DASA) N - State Non DSHS T - Tribal Community Services		<b>CONTRACT TYPE (CODE 3)</b> 1 - ADATSA 2 - Adult Outpatient 3 - Adult Residential 4 - ATR - Access to Recovery 5 - CDDA (COMM) 6 - CDDA (LS) 7 - Criminal Justice (CJ) 8 - Criminal Justice - Innovation 9 - DOC-COM 10 - DOC-JAIL		11 - Gov2Gov (NonXIX) 12 - Indian Health Services (IHS) 13 - Molina - Managed Care 14 - Other/None 15 - Pregnant/Parenting 16 - TANF (ES) 17 - Tribe MOA (Title XIX) 18 - Youth Treatment 19 - WASBIRT	
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SUPPORT ACTIVITIES										
ACTIVITY DATE	ACTIVITY TIME	ACTIVITY TYPE (CODE 1)	SERVICE HOURS	STAFF AND VOLUNTEER HOURS	OTHER DESCRIPTION	OTHER QUANTITY	CLIENT NAME	STAFF ID	FUNDING SOURCE (CODE 2)	CONTRACT TYPE (CODE 3)
A4	A4 :	A7	S7 :	S17 :	02	05	C14	S18	F7	C21
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE  
**DASA TARGET GROUP SUPPORT ACTIVITIES**

GROUP NAME <b>G5</b>	AGENCY NUMBER <b>A20</b>
ACTUAL DATE <b>A4</b>	ACTUAL TIME <b>A4 :</b>
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ACTUAL DURATION <b>D31</b>
STAFF HOURS <b>S17 :</b>	OTHER QUANTITY <b>02</b>
OTHER DESCRIPTION <b>05</b>	STAFF IDENTIFICATION <b>S18</b>

ACTIVITY TYPE (CODE 1) <input type="checkbox"/> Adolescent Case Management <input type="checkbox"/> Alcohol and other Drug Information School <input type="checkbox"/> Assessment and Referral <input type="checkbox"/> Community Education <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Support <input type="checkbox"/> Housing Services <input type="checkbox"/> Interim Services  <input type="checkbox"/> Involuntary Commitment <input type="checkbox"/> Non-Treatment Group <input type="checkbox"/> Sobering Services <input type="checkbox"/> Staff Continuing Education <input type="checkbox"/> Outreach Services	FUND SOURCE (CODE 2) <input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Federal Direct <input type="checkbox"/> Other <input type="checkbox"/> Private Pay <input type="checkbox"/> State Direct <input type="checkbox"/> State DSHS (non DASA) <input type="checkbox"/> State Non DSHS <input type="checkbox"/> Tribal Community Services	CONTRACT TYPE (CODE 3) 1 - ADATSA 2 - Adult Outpatient 3 - Adult Residential 4 - ATR - Access to Recovery 5 - CDDA (COMM) 6 - CDDA (LS) 7 - Criminal Justice (CJ) 8 - Criminal Justice - Innovation 9 - DOC-COM 10 - DOC-JAIL  11 - Gov2Gov (NonXIX) 12 - Indian Health Services (IHS) 13 - Molina - Managed Care 14 - Other/None 15 - Pregnant/Parenting 16 - TANF (ES) 17 - Tribe MOA (Title XIX) 18 - Youth Treatment 19 - WASBIRT
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**ATTENDANCE**

**A30**

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	ATTENDANCE		
				YES	EXCUSED	NO SHOW
<b>L2</b>	<b>F3</b>	<b>M5</b>	<b>B1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE  
**DASA TARGET AGENCY SUPPORT ACTIVITIES (Non-Treatment)**

AGENCY NUMBER

A20

<b>ACTIVITY TYPE (CODE 1)</b> Adolescent Case Management (G) <b>A7</b> Alcohol and other Drug Information School (A) Assessment and Referral (R) Community Education (E) Crisis Services (C) Family Support (F) Housing Services (H) Interim Services (N) Involuntary Commitment (I) Non-Treatment Group (L) Sobering Services (B) Staff Continuing Education (S) Outreach Services (V)		<b>FUND SOURCE (CODE 2)</b> A - Agency Funded C - County Community Services F - Federal Direct O - Other <b>F7</b> P - Private Pay S - State Direct D - State DSHS (non DASA) N - State Non DSHS T - Tribal Community Services	<b>CONTRACT TYPE (CODE 3)</b> 1 - ADATSA 2 - Adult Outpatient <b>C21</b> 3 - Adult Residential 4 - ATR - Access to Recovery 5 - CDDA (COMM) 6 - CDDA (LS) 7 - Criminal Justice (CJ) 8 - Criminal Justice - Innovation 9 - DOC-COM 10 - DOC-JAIL 11 - Gov2Gov (NonXIX) 12 - Indian Health Services (IHS) 13 - Molina - Managed Care 14 - Other/None 15 - Pregnant/Parenting 16 - TANF (ES) 17 - Tribe MOA (Title XIX) 18 - Youth Treatment 19 - WASBIRT
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**SUPPORT ACTIVITIES**

ACTIVITY DATE	ACTIVITY TIME	ACTIVITY TYPE (CODE 1)	SERVICE HOURS	STAFF AND VOLUNTEER HOURS	NUMBER OF PERSONS/ STUDENTS	OTHER DESCRIPTION	OTHER QUANTITY	STAFF ID	FUNDING SOURCE (CODE 2)	CONTRACT TYPE (CODE 3)
A4	A4 :	A7	S7 :	S17 :	N2	O2	05	S18	F7	C21
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						
	:		:	:						

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)  
**DASA TARGET AGENCY STAFF**

AGENCY NUMBER

A20

**SECTION I: STAFF PERSONAL INFORMATION**

1. LAST NAME L2	2. FIRST NAME F3	3. MIDDLE NAME M5	4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female 62																				
5. DATE OF BIRTH B1		7. STAFF IDENTIFICATION S18																					
8. RACE/ETHNICITY (CHECK A MAXIMUM OF FOUR THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Middle East</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Other Asian</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Other Pacific Islander</td></tr><tr><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Other Race</td></tr><tr><td><input type="checkbox"/> Guamanian</td><td><input type="checkbox"/> Refused to Answer</td></tr><tr><td><input type="checkbox"/> Hawaiian</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> White/European American</td></tr></table> R1				<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East																						
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American																						
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian																						
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander																						
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race																						
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer																						
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan																						
<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai																						
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese																						
<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American																						
9. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY) <table border="0"><tr><td><input type="checkbox"/> Cuban</td><td><input type="checkbox"/> Not Spanish/Hispanic/Latino</td><td><input type="checkbox"/> Puerto Rican</td></tr><tr><td><input type="checkbox"/> Mexican, Mexican American, Chicano</td><td><input type="checkbox"/> Other Spanish/Hispanic/Latino</td><td><input type="checkbox"/> Refused to Answer</td></tr></table> S12				<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer														
<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican																					
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer																					
10. EMPLOYMENT START DATE E7		11. EMPLOYMENT END DATE E5																					

**ADATSA/ADULT ASSESSMENT**

CLIENT'S NAME \_\_\_\_\_

**DIMENSION 1:****ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL****SECTION 1****A. WITHDRAWAL HISTORY**

1. Do you have a withdrawal history? ☐ Yes ☐ No
2. Indicate dates and modality of detoxes: last detox date \_\_\_\_\_ Number of detox admits: \_\_\_\_\_  
☐ Medical/acute ☐ Sub-acute ☐ Jail ☐ Home ☐ Other: \_\_\_\_\_

**B. CURRENT SIGNS AND SYMPTOMS OF WITHDRAWAL**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Insomnia                              | <input type="checkbox"/> Transient visual, tactile or auditory hallucinations or delusions |
| <input type="checkbox"/> Increased hand tremors   | <input type="checkbox"/> Fatigue                               | <input type="checkbox"/> Autonomic hyperactivity   |
| <input type="checkbox"/> Nausea/vomiting          | <input type="checkbox"/> Anxiety                               | <input type="checkbox"/> Paranoia  |
| <input type="checkbox"/> Psychomotor agitation    | <input type="checkbox"/> Seizures; date of last seizure: _____ |  |
| <input type="checkbox"/> Sweats                   | <input type="checkbox"/> Cramping                              | <input type="checkbox"/> Other (specify): _____  |
| <input type="checkbox"/> Vivid, unpleasant dreams | <input type="checkbox"/> Crawling skin/goose flesh             |  |

**DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)****RECOMMENDED LEVEL OF CARE**

- |  |  |
|--|--|
| <input type="checkbox"/> Level 0.5       | No withdrawal risk   |
| <input type="checkbox"/> Level OMT       | Psychologically dependent on opiates and requires either OMT Medical Detox to prevent withdrawal or methadone tx |
| <input type="checkbox"/> Level I - D     | Ambulatory detoxification without on-site monitoring   |
| <input type="checkbox"/> Level II - D    | Ambulatory detoxification with extended on-site monitoring   |
| <input type="checkbox"/> Level III.2 - D | Clinically managed residential detoxification ..... Subacute Detox   |
| <input type="checkbox"/> Level III.7 - D | Severe withdrawal, medically monitored ..... Medical Detox   |
| <input type="checkbox"/> Level IV - D    | Medically managed intensive inpatient ..... Psychiatric Hospital or Hospital Acute Care                          |

**DIMENSION 2:****BIOMEDICAL CONDITIONS AND COMPLICATIONS****SECTION 2****PHYSICAL CONDITIONS**

1. Do you have or have you ever had:
- |   | TREATED                  | UNTREATED                |  | TREATED                  | UNTREATED                |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> Anemia or blood disorder .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High or low blood sugar .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Rheumatic or scarlet fever .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head injury .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest pains .....                          | <input type="checkbox"/> | <input type="checkbox"/> | If yes, when: _____  |                          |                          |
| <input type="checkbox"/> Fainting spells .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shortness of breath, COPD or Emphasema .                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Kidney disease or bladder infection .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Glaucoma .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Liver disease-hepatitis or cirrhosis ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Frequent illness .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cancer .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Allergies (food or drug) .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes .....                             | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what: _____  |                          |                          |
| <input type="checkbox"/> Tuberculosis; last tested: _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Test results: _____   |                          |                          |  |                          |                          |
| <input type="checkbox"/> Ulcers or pains in the stomach .....       | <input type="checkbox"/> | <input type="checkbox"/> | <b>IF FEMALE:</b>  |                          |                          |
| <input type="checkbox"/> Epilepsy/Seizure Disorder .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Menopause or post-menopausal .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Venereal disease .....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> PMS .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heart trouble .....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Likelihood of Pregnancy: <input type="checkbox"/> Suspected |                          |                          |
|   |                          |                          | <input type="checkbox"/> Diagnosed   | Number of months: _____  |                          |
|   |                          |                          | Referred to First Steps: <input type="checkbox"/> Yes <input type="checkbox"/> No    |                          |                          |

2. ☐ Surgeries and/or hospitalizations

If yes, what kind: \_\_\_\_\_

3. Do you have access to medical care? ☐ Yes ☐ No

4. Do you routinely access medical care? ☐ Yes ☐ No

Last saw a doctor for: \_\_\_\_\_ Date: \_\_\_\_\_

5. How would you describe your health: \_\_\_\_\_

**ADATSA/ADULT ASSESSMENT**

**DIMENSION 2: SECTION 2 (CONTINUED)**

6. Counselor's observation of client's physical health: \_\_\_\_\_
7. Current prescriptions and over the counter drugs; dosages and instructions: \_\_\_\_\_
8. Current physical illness other than withdrawal that needs to be addressed or which will complicate treatment: \_\_\_\_\_
9. Physician's/Clinic's name: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_
10. Needs (or has) an evaluation for physical incapacity? ☐ Yes ☐ No  
If yes, date: \_\_\_\_\_; results: \_\_\_\_\_ for \_\_\_\_\_

**DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)**

**RECOMMENDED LEVEL OF CARE**

- ☐ Level 0.5 None or very stable
- ☐ Level OMT None or manageable with medical monitoring..... Methadone maintenance
- ☐ Level I None or very stable
- ☐ Level II.1 None or not a distraction from treatment
- ☐ Level II.5 None or not sufficient to distract from treatment
- ☐ Level III.1 None or stable
- ☐ Level III.7 Requires medical monitoring
- ☐ Level IV Patient requires 24 hour medical and nursing care

**DIMENSION 3:**

**EMOTIONAL/BEHAVIORAL CONDITION AND COMPLICATIONS (INCLUDE PSYCHIATRIC CONDITIONS)**

**SECTION 3**

**A. MENTAL HEALTH STATUS**

1. Are you currently a client at a mental health center or seeing a private practitioner? ☐ Yes ☐ No  
If yes, where: \_\_\_\_\_ Diagnosis, if known: \_\_\_\_\_
2. Have you ever received mental health counseling or psychiatric treatment? ☐ Yes ☐ No  
If yes, where and when: \_\_\_\_\_ Diagnosis, if known: \_\_\_\_\_
3. Are you currently using medications for mental health purposes? ☐ Yes ☐ No  
If yes, what: \_\_\_\_\_
4. Is there a family history of mental illness? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

**B. MENTAL HEALTH SYMPTOMS**

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you experienced any of the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anxiousness/nervousness   | <input type="checkbox"/> Serious depression        | <input type="checkbox"/> Grief and loss issues   |
| <input type="checkbox"/> Sleep disturbances  | <input type="checkbox"/> Hostility/violence        | <input type="checkbox"/> Inability to comprehend |
| <input type="checkbox"/> Phobias/paranoia/delusions                                      | <input type="checkbox"/> Referral to mental health | <input type="checkbox"/> Loss of appetite        |
| <input type="checkbox"/> Eating disorders; if checked: <input type="checkbox"/> Anorexia | <input type="checkbox"/> Bulimia                   |  |
| <input type="checkbox"/> Hallucinations; if checked: <input type="checkbox"/> Audio      | <input type="checkbox"/> Visual                    |  |

**C. SUICIDE IDEATION/ATTEMPTS**

1. Have you ever attempted suicide? ☐ Yes ☐ No  
If yes, when and what did you do: \_\_\_\_\_
2. Do you have suicidal thoughts? ☐ Yes ☐ No  
If yes, date of most recent thoughts: \_\_\_\_\_
3. Do you currently have a plan to harm yourself? ☐ Yes ☐ No  
If yes, describe your plan: \_\_\_\_\_

**ADATSA/ADULT ASSESSMENT****DIMENSION 3: SECTION 3C (CONTINUED)**

4. Do you have family history of suicide? ☐ Yes ☐ No

If yes, explain:

5. Are you experiencing any of the following:

- ☐ Hopelessness      ☐ Moodiness      ☐ Sleeplessness      ☐ Self destructive  
☐ Decreased energy      ☐ Preoccupied with death      ☐ Withdrawn      ☐ Takes unnecessary risks  
☐ Giving away valued possessions      ☐ Other:

6. Suicide risk assessment: (lowest risk to highest risk) ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

**D. VIOLENCE BEHAVIOR/ABUSE HISTORY**

1. Do you ever think about or feel like killing another person? ☐ Yes ☐ No; if yes, explain:

2. Do you get in fights or get physical with others when angry? ☐ Yes ☐ No; if yes, explain:

3. Have you ever been physically abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom: \_\_\_\_\_

Have you received or participated in counseling for this issue? ☐ Yes ☐ No

4. Have you ever been sexually abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom:

Have you received or participated in counseling for this issue? ☐ Yes ☐ No

5. Have you ever been emotionally abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom:

Have you received or participated in counseling for this issue? ☐ Yes ☐ No

6. Are there any other significant life events (losses, deaths, hardships, loss of custody of children, etc.)? ☐ Yes ☐ No

If yes, describe:

**E. IMPRESSION OF MENTAL STATUS (EVALUATOR'S OBSERVATION OF CURRENT MENTAL STATUS)**

1. Was the client's manner (check all that apply):

- ☐ Cooperative      ☐ Uncooperative      ☐ Anxious      ☐ Defensive      ☐ Evasive      ☐ Guarded  
☐ Hostile      ☐ Under the influence      ☐ Other (explain):

2. What was the client's description of his/her mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

3. What was the counselor's assessment of client's mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

4. Is the client able to perform daily living skills? ☐ Yes ☐ No

**DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)****RECOMMENDED LEVEL OF CARE**

- ☐ Level 0.5 None or very stable  
☐ Level OMT None or manageable in structured environment ..... Methadone maintenance  
☐ Level I None or very stable  
☐ Level II.1 Mild severity with potential to distract from recovery  
☐ Level II.5 Mild to moderate severity with potential to distract from recovery. Needs stabilization.  
☐ Level III.1 None or minimal; not distracting to recovery  
☐ Level III.3 Mild or moderate severity needs structure to allow focus on recovery  
☐ Level III.5 Repeated inability to control impulse; personality disorder requires high structure to shape behavior  
☐ Level III.7 Severe problems require 24 hours psychiatric care with concomitant addiction treatment  
☐ Level IV Patient requires 24 hours hospital care

**DIMENSION 4:**  
**TREATMENT ACCEPTANCE/RESISTANCE**

**SECTION 4****A. ATTITUDE TOWARD TREATMENT**

1. Reason you scheduled this appointment:

- ☐ Reinstatement driving privileges    ☐ Legal intervention    ☐ Family pressure    ☐ Access Public Assistance Benefits  
☐ Employer intervention    ☐ Physician intervention    ☐ Child custody  
☐ Self motivated    ☐ Other (explain):

2. Client's acknowledgement of the severity of the problem?

- ☐ Yes    ☐ No    ☐ Minimizes    ☐ Rationalizes

3. Client's recognition of the need for treatment?

- ☐ Yes    ☐ No    ☐ Minimizes    ☐ Rationalizes    ☐ Denies need for treatment

4. Client's motivation for recovery:

- ☐ Self    ☐ Family    ☐ Legal    ☐ Money    ☐ CPS/DCFS    ☐ Other (specify):

**B. CHEMICAL DEPENDENCY TREATMENT HISTORY**

1. Treatment history:

PROGRAM AND LOCATION	DATES OF TREATMENT	TREATMENT COMPLETED	LENGTH OF ABSTINENCE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Client's personal statement (perception of alcohol/drug use):

**C. LEGAL ISSUES**1. Is this assessment prompted or suggested by your attorney, the court, or anyone connected to the legal system? ☐ Yes ☐ No2. Have you ever been arrested or charged with any crime? ☐ Yes ☐ No3. Are you on probation or parole? ☐ Yes ☐ No

If yes, your probation/corrections officer's name: \_\_\_\_\_

Release of Information (ROI)? ☐ Yes ☐ No4. Have your parental rights been terminated? ☐ Yes ☐ No If yes, when:

5. Arrest history:

CHARGES	ALCOHOL/DRUG RELATED	DATES	DISPOSITION
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**ADATSA/ADULT ASSESSMENT****DIMENSION 4: SECTION 4C (CONTINUED)**6. Are you a Drug Court client? ☐ Yes ☐ No7. If yes, are you currently in Drug Court treatment? ☐ Yes ☐ No8. Have you ever been in jail and/or prison? ☐ Yes ☐ No If yes, how many times: \_\_\_\_\_

a. If yes, where: \_\_\_\_\_

b. What were the charges: \_\_\_\_\_

9. Any current charges pending: ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

10. Court dates:

a. When: \_\_\_\_\_

b. Where: \_\_\_\_\_

**D. BARRIERS**1. Are there any other barriers to accessing treatment? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

2. Comments: \_\_\_\_\_

**DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)****RECOMMENDED LEVEL OF CARE**

- ☐ Level 0.5 Willing to understand how current use affects them
- ☐ Level OMT Resistance high enough to require structured therapy
- ☐ Level OMT Request methadone maintenance .....Methadone maintenance
- ☐ Level I Willing to cooperate, needs motivating strategies
- ☐ Level II.1 Resistance high enough to require structured program
- ☐ Level II.5 Resistance high enough to require structured program
- ☐ Level III.1 Open to recovery, needs structured environment to maintain
- ☐ Level III.3 Little awareness; patient needs intervention to engage
- ☐ Level III.5 Marked difficulty with opposition to treatment with dangerous consequences if not engaged in treatment
- ☐ Level III.7 Resistance high and impulse control poor despite negative consequences; patient needs 24 hour structured setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV series

**DIMENSION 5:**  
**RELAPSE/CONTINUED USE POTENTIAL**

**SECTION 5****RELAPSE**1. Self help involvement: ☐ Yes ☐ No ☐ Past ☐ Present

If yes, past, or present, what type: \_\_\_\_\_

2. Your perception of self-help groups: \_\_\_\_\_

3. Have you ever experienced a period of total abstinence? ☐ Yes ☐ No

If yes, what is the longest period of time: \_\_\_\_\_ years; \_\_\_\_\_ months; \_\_\_\_\_ days; when: \_\_\_\_\_

## ADATSA/ADULT ASSESSMENT

## DIMENSION 5: SECTION 5 (CONTINUED)

4. Relapse history (report of relapses, what triggers relapse, how long do the relapses last):

5. Is there significant preoccupation/cravings? ☐ Yes ☐ No If yes, what are the thoughts or events that evoke cravings:

6. What do you think about your chances of becoming clean and/or sober?

7. Counselor assessment of client's ability to attain and maintain abstinence (lowest risk to highest risk): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
Comments:

8. Counselor's assessment of client's risk for relapse: (lowest risk to highest risk) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
Comments:

## DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

## RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 Willing to understand how current use affects them
- ☐ Level OMT Resistance high enough to require structured therapy
- ☐ Level OMT Request methadone maintenance .....Methadone maintenance
- ☐ Level I Willing to cooperate, needs motivating strategies
- ☐ Level II.1 Resistance high enough to require structured program
- ☐ Level II.5 Resistance high enough to require structured program
- ☐ Level III.1 Open to recovery, needs structured environment to maintain
- ☐ Level III.3 Little awareness; patient needs intervention to engage
- ☐ Level III.5 Marked difficulty with opposition to treatment with dangerous consequences if not engaged in treatment
- ☐ Level III.7 Resistance high and impulse control poor despite negative consequences; patient needs 24 hour structured setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV series

### DIMENSION 6: RECOVERY ENVIRONMENT

## SECTION 6

## A. RECOVERY

- |   | YES                      | NO                       | COMMENTS |
|---|--------------------------|--------------------------|----------|
| 1. Family history of chemical dependency:     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2. Family supportive of abstinence.....       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3. Friends supportive of abstinence .....     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4. Spouse supportive of abstinence .....      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5. Living arrangements supportive .....       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6. Funds for basic needs.....                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 7. Employment opportunities.....              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8. Safe environment in home/neighborhood..... | <input type="checkbox"/> | <input type="checkbox"/> |          |

## B. CULTURAL

1. Do you identify yourself with any particular cultural, ethnic background or community? ☐ Yes ☐ No  
If yes, explain:  
Cultural considerations/barriers to treatment or recovery? Comment:



## ADATSA/ADULT ASSESSMENT

## DIMENSION 6: SECTION 6 (CONTINUED)

2. How do you identify your sexual orientation:

☐ Heterosexual
 ☐ Gay/Lesbian
 ☐ Bisexual
 ☐ Transgender
 ☐ Questioning
 ☐ No answer

Comments:

3. a. Do you currently identify with any organized religion? ☐ Yes ☐ No; if yes, which: \_\_\_\_\_
- b. Were you raised in an organized religion? ☐ Yes ☐ No; if yes, which: \_\_\_\_\_
- c. Do you currently believe in a higher power? ☐ Yes ☐ No

4. Is there a particular form of support from this community you can use for your recovery? ☐ Yes ☐ No
- If yes, explain: \_\_\_\_\_

## C. WORK HISTORY

1. How many jobs held in the last six months?

2. Job titles:

Primary occupation(s): \_\_\_\_\_

3. Last full time employment:

## C. WORK HISTORY (CONTINUED)

4. ALCOHOL/DRUG RELATED EMPLOYMENT PROBLEMS

- ☐
- Fired
- ☐
- Quit
- ☐
- Absenteeism
- ☐
- Late
- ☐
- Used at work
- ☐
- Diminished productivity
- ☐
- Other (specify): \_\_\_\_\_

## D. ASSETS/LIABILITIES

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

## RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 Social support system or significant others increase risk for personal conflict about alcohol/drug abuse
- ☐ Level OMT Supportive recovery environment and/or patient has skills to cope without treatment (Methadone maintenance)
- ☐ Level I Supportive recovery environment and/or patient skills to cope
- ☐ Level II.1 Environment unsupportive, but with structure and support, the patient can cope
- ☐ Level II.5 Environment is not supportive but with structure and support and relief from the home environment, the patient can cope
- ☐ Level III.1 Environment is dangerous, but recovery achievable if Low Intensity Level III.1 is available
- ☐ Level III.3 Environment is dangerous; patient needs 24 hour structure to learn to cope
- ☐ Level III.5 Environment is dangerous; patient lacks skills to cope outside of a highly structured 24 hour setting
- ☐ Level III.7 Environment dangerous for recovery; patient lacks skills to cope outside of highly structured 24 hour setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV services

## DIAGNOSIS

## DIAGNOSTIC DEFINITIONS

- Not dependent..... Less than three symptoms are present, or no symptom of disturbance has persisted for at least one month nor has it occurred repeatedly over a longer period of time
- Mild dependence..... At least three symptoms are present and some symptoms of disturbance have persisted for at least one month or have occurred repeatedly over a longer period of time. Few, if any, symptoms in excess of the minimum are observed, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others
- Moderate dependence ..... Symptoms or functional impairment between "mild" and "severe"
- Severe dependence ..... Symptoms in excess of those required to make diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others

## ADATSA/ADULT ASSESSMENT

## SECTION 7

## A. SYMPTOMATOLOGY

CHECK ALL THAT APPLY.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> None                        | <input type="checkbox"/> Compulsion                 | <input type="checkbox"/> Decreased tolerance          | <input type="checkbox"/> Cramps             |
| <input type="checkbox"/> Increased tolerance         | <input type="checkbox"/> Binge uses                 | <input type="checkbox"/> Neglected responsibilities   | <input type="checkbox"/> Severe withdrawals |
| <input type="checkbox"/> Frequency in using/drinking | <input type="checkbox"/> Attempts to control        | <input type="checkbox"/> Financial difficulties       | <input type="checkbox"/> Memory problems    |
| <input type="checkbox"/> Loss of control             | <input type="checkbox"/> Protecting/hoarding supply | <input type="checkbox"/> Difficulty performing job    | <input type="checkbox"/> Undefinable fears  |
| <input type="checkbox"/> Preoccupation               | <input type="checkbox"/> Unusual behavior           | <input type="checkbox"/> Family and friends concerned | <input type="checkbox"/> Arrested (use)     |
| <input type="checkbox"/> A.M. use                    | <input type="checkbox"/> Crawling skin/goose flesh  | <input type="checkbox"/> Medical consequences         |   |
| <input type="checkbox"/> Blackouts                   | <input type="checkbox"/> Violence when using        | <input type="checkbox"/> Seizures                     |   |

## B. DIAGNOSTIC CRITERIA FOR CHEMICAL DEPENDENCY

PSYCHOACTIVE SUBSTANCE DEPENDENCE: INDICATE WHETHER YOU HAVE EXHIBITED ANY OF THE FOLLOWING SYMPTOMS.

WITHIN LAST  
90 DAYSEVER  
EXHIBITED?

- |                              |                              |   |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 1. Tolerance: Either a need for increased amounts of the substance to achieve intoxication or the desired effect or a diminished effect with continued use of the same amount of the substance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 2. Withdrawal: Either characteristic withdrawal syndrome for the substance, or the same or closely related substance, is taken to relieve or avoid withdrawal symptoms.                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 3. The substance is taken in larger amounts or over a longer period than was originally intended.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 4. A persistent desire or unsuccessful efforts to cut down or control substance use.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 6. Important social, occupational, or recreational activities are given up or reduced because of substance use.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | 7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or made worse by the substance.    |

## C. DIAGNOSTIC IMPRESSION

- |     |   |                               |                                   |                                 |
|-----|---|-------------------------------|-----------------------------------|---------------------------------|
| 1.  | <input type="checkbox"/> Denied use of alcohol  |                               |                                   |                                 |
|     | <input type="checkbox"/> NSP - insufficient symptoms for substance abuse or addiction                                   |                               |                                   |                                 |
| 2.  | <input type="checkbox"/> Denied use of substance(s) (drugs other than alcohol)  |                               |                                   |                                 |
|     | <input type="checkbox"/> NSP - screening of substance use revealed insufficient symptoms to indicate abuse or addiction |                               |                                   |                                 |
| 3.  | <input type="checkbox"/> 305.00 Alcohol abuse   |                               |                                   |                                 |
|     | <input type="checkbox"/> 303.90 Alcohol dependence:   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 4.  | <input type="checkbox"/> 305.50 Opioid abuse  |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.00 Opioid dependence:  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 5.  | <input type="checkbox"/> 305.60 Cocaine abuse   |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.20 Cocaine dependence:   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 6.  | <input type="checkbox"/> 305.20 Cannabis abuse  |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.30 Cannabis dependence:  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 7.  | <input type="checkbox"/> 305.70 Amphetamine abuse   |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.40 Amphetamine dependence:   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 8.  | <input type="checkbox"/> 305.30 Hallucinogen abuse  |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.50 Hallucinogen dependence:  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 9.  | <input type="checkbox"/> 305.90 Inhalant abuse  |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.60 Inhalant dependence:  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 10. | <input type="checkbox"/> 305.90 Phencyclidine (PCP) abuse   |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.90 PCP dependence:   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 11. | <input type="checkbox"/> 305.40 Sedative, hypnotic, anxiolytic abuse  |                               |                                   |                                 |
|     | <input type="checkbox"/> 304.10 Sedative, hypnotic, anxiolytic dependence:  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 12. | <input type="checkbox"/> 304.80 Poly substance dependence   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| 13. | <input type="checkbox"/> 304.80 Nicotine dependence   | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

## TREATMENT RECOMMENDATIONS

CLIENT'S NAME	
<b>SECTION 8</b>	
<b>A. TREATMENT RECOMMENDATIONS</b>	
DIMENSION RESULTS	
Dimension 1 .....Level: _____	Dimension 3..... Level: _____
Dimension 2 .....Level: _____	Dimension 5.....Level: _____
Dimension 2 .....Level: _____	Dimension 4..... Level: _____
Dimension 2 .....Level: _____	Dimension 6.....Level: _____
<b>B. LEVEL OF CARE RECOMMENDED PER ASAM</b>	
<input type="checkbox"/> Level 0.5      Early intervention Evidenced by: _____	
<input type="checkbox"/> Level OMT      Opioid maintenance therapy Evidenced by: _____	
<input type="checkbox"/> Level I      Outpatient Evidenced by: _____	
<input type="checkbox"/> Level II.1      Intensive Outpatient Evidenced by: _____	
<input type="checkbox"/> Level II.5      Outpatient with partial hospitalization Evidenced by: _____	
<input type="checkbox"/> Level III.1      Clinically managed low intensity residential services Evidenced by: _____	
<input type="checkbox"/> Level III.3      Clinically managed medium intensity residential service Evidenced by: _____	
<input type="checkbox"/> Level III.5      Clinically managed medium/high intensity residential services Evidenced by: _____	
<input type="checkbox"/> Level III.2 - D      Clinically managed residential detoxification subacute detox Evidenced by: _____	
<input type="checkbox"/> Level III.7      Medically monitored intensive inpatient services - detox Evidenced by: _____	
<input type="checkbox"/> Level OMT      Opioid maintenance therapy Evidenced by: _____	
<input type="checkbox"/> Level IV      Medically managed intensive inpatient services, detox or hospital Evidenced by: _____	
<b>C. OVERRIDES</b>	
1. Are there any circumstances which would override placement at any level of care (i.e., legal mandates, logistical barriers to treatment, lack of intensive inpatient, recent treatment failure or need for extended assessment, inpatient aversion therapy, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain: _____	
2. Also recommended: <input type="checkbox"/> Domestic Violence Perpetrator Program <input type="checkbox"/> Anger Management <input type="checkbox"/> GED <input type="checkbox"/> Division of Vocational Rehabilitation <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Literacy Tutor Program <input type="checkbox"/> Self help groups	
3. Client has been informed of assessment results: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Client was not informed of assessment results due to: _____	
<b>D. MISCELLANEOUS</b>	
1. Does the client need detox prior to treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: <input type="checkbox"/> Acute <input type="checkbox"/> Sub-acute	
2. Does the client need part time or around the clock child care in order to access treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the client need help accessing/selecting the child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. BRIEF RISK HIV/AIDS NOTIFICATION</b>	
HIV/AIDS brief risk intervention done? <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNSELOR MUST INITIAL AND DATE TO INDICATE COMPLIANCE. Counselor's initials: _____ Date: _____

## ADATSA TREATMENT ELIGIBILITY

CLIENT'S NAME			
<b>SECTION 9</b>		<b>INCAPACITY</b>	
Indicate each criteria that is met:			
<input type="checkbox"/> Current pregnancy or within two months postpartum			
<input type="checkbox"/> At least meets criteria for substance abuse and referred by Child Protective Services (CPS)			
<input type="checkbox"/> Severely dependent and current intravenous (I.V.) drug user			
<input type="checkbox"/> Severely dependent and at least one prior admission to department-approved alcohol/drug treatment or detox program			
<input type="checkbox"/> Severely dependent and two or more arrests for alcohol/drug related offenses			
<input type="checkbox"/> Lost two or more jobs within past six months due to chemical dependency			
<b>SECTION 10</b>		<b>SUMMARY OF TREATMENT ELIGIBILITY</b>	
ALL QUESTIONS BELOW MUST BE ANSWERED "YES" FOR THE APPLICANT TO QUALIFY FOR ADATSA TREATMENT.			
		YES	NO
1. Is the client substance dependent, for a class of substances other than nicotine or caffeine, as identified in Section VII?...		<input type="checkbox"/>	<input type="checkbox"/>
2. Is the client incapacitated by at least one of the criteria specified in Section VII? .....		<input type="checkbox"/>	<input type="checkbox"/>
3. Has the client used alcohol or other drugs within the last 90 days (excluding incarceration)? .....		<input type="checkbox"/>	<input type="checkbox"/>
4. Has the client been unemployed for at least the last 30 days? .....		<input type="checkbox"/>	<input type="checkbox"/>
5. Is the client amenable to treatment? .....		<input type="checkbox"/>	<input type="checkbox"/>
6. Is the client willing to accept treatment? .....		<input type="checkbox"/>	<input type="checkbox"/>
7. Is the client not choosing opiate dependency treatment (methadone maintenance) only? .....		<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION 11</b>		<b>ADATSA ELIGIBILITY DETERMINATION</b>	
		1. ADATSA eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. REASON FOR EXCLUSION			
<input type="checkbox"/> Not chemically dependent			
<input type="checkbox"/> Not used in last 90 days			
<input type="checkbox"/> Employed in last 30 days			
<input type="checkbox"/> Not willing to accept treatment			
<input type="checkbox"/> Not incapacitated			
<input type="checkbox"/> Not amenable to treatment			
<input type="checkbox"/> Chose OMT only			
3. TREATMENT PRIORITY (CHECK ONE BOX ONLY)			
<input type="checkbox"/> No priority/not applicable			
<input type="checkbox"/> Child Protective Services			
<input type="checkbox"/> IV Drug User			
<input type="checkbox"/> Pregnant			
<input type="checkbox"/> Children in the home			
4. OTHER INCAPACITY			
<input type="checkbox"/> No other incapacity			
<input type="checkbox"/> Mental Health			
<input type="checkbox"/> Physical incapacity			
<input type="checkbox"/> Physical and mental incapacity			
<b>SECTION 12</b>		<b>ASSESSMENT COMPLETION</b>	
FORWARD REFERRAL (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Detoxification			
<input type="checkbox"/> Self help group			
<input type="checkbox"/> Medical/dental services			
<input type="checkbox"/> Other:			
<input type="checkbox"/> ADATSA treatment			
<input type="checkbox"/> ADIS			
<input type="checkbox"/> Mental health services			
<input type="checkbox"/> Non-ADATSA treatment			
<input type="checkbox"/> ADATSA assessment center			
<input type="checkbox"/> CD involuntary commitment			
<input type="checkbox"/> No referral			
<b>SECTION 13</b>		<b>FUNDING SOURCE</b>	
1. ASSESSMENT CONTRACT TYPE IS ADATSA			
2.A. COUNTY SPECIAL PROJECT		2.B. STATE SPECIAL PROJECT	
S14		S15	
2.C. AGENCY SPECIAL PROJECT			
S13			
3. ASSESSMENT FUNDING SOURCE (CHECK ONE)			
<input type="checkbox"/> County Community Services			
<input type="checkbox"/> Tribal Community Services			
M8			
4. TITLE XIX		5. GOVERNING COUNTY (IF NOT COUNTY AGENCY)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		C25	
T3		S18	
6. ASSESSMENT STAFF ID		7. CASE MONITOR'S NAME (IF DIFFERENT)	
S20			
8. ASSESSMENT DURATION		9. INTERVIEWER'S SIGNATURE	
hours minutes D31			
DATE			
I was informed of the results of this assessment, recommendations, and my right to be referred to any approved agency offering services consistent with the results of this assessment. Further, I was informed that treatment funded by ADATSA is limited to providers who are authorized to provide services by the Division of Alcohol and Substance Abuse. I have also been informed that it is the policy of the Assessing Center that no person shall be subjected to discrimination because of race, color, national origin, sex, age, religion, creed, marital status, sexual preference, HIV/AIDS status, disabled veteran status, Vietnam Era veteran status, or the presence of any physical, mental, or sensory disability, or place of residence.			
4. COUNSELOR'S SIGNATURE		5. CLIENT'S SIGNATURE	
DATE		DATE	

## What kind of information about me will be in Client Registry Lookup?

Your name, social security number, birth date, gender, ethnic background and current treatment agency/facility will be in Client Registry Lookup. This information will only be available in the Client Registry Lookup for one year after the service ends.

## Is the information about me safeguarded?

Your social security number, birth date, gender and ethnic background information in the Client Registry Lookup are protected by law from unauthorized access and disclosure.<sup>1</sup> No other information about you or the services that you receive in this program will be included in Client Registry Lookup. If additional information is required, you will be asked to sign another form.

You do not have to sign this form. At any time, you can take back your consent to be included in the Client Registry Lookup.

## The Department of Social and Health Services

It is the mission of the Department of Social and Health Services (DSHS) to improve the quality of life for individuals and families in need. Working together we can make a difference in the lives of the people we serve.

Clients receiving any of the following services from DSHS will be included in the Client Registry Lookup:

- Medical Assistance
- Medicare/Medicaid
- WorkFirst (welfare)
- Food Stamps
- Nursing home care
- Care for disabled and frail adults
- Care for abused and neglected children
- Mental health care
- Juvenile offender rehabilitation services



DSHS 22-382(X) (6/99)

# Consent To Be Seen In Client Registry Lookup

## What is the purpose of the Client Registry Lookup?

Client Registry Lookup enables Department of Social and Health Services (DSHS) staff to work together as a team. Authorized DSHS staff will check this system to determine what services you are receiving and also to assist in getting you services that you need. Authorized staff providing those different services can then coordinate your case to ensure that you receive the most effective and efficient service.

**In 1997, over 550,000 DSHS clients used two or more DSHS programs. That was more than 55 percent of our clients.**

The Client Registry is a valuable tool that gives staff the ability to determine if a client is receiving services from another program in the department. Authorized staff can then work together, coordinating services that best serve the needs of our clients.

Our goal in the department is to ensure that clients can achieve safe, self-sufficient, healthy and secure lives.

<sup>1</sup> Code of Federal Regulations (CFR) 42 Part 2.



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Olympia WA 98504-5000

I, \_\_\_\_\_ agree that the Division of Alcohol and Substance Abuse may provide information to the computerized Client Registry Lookup managed by the Department of Social and Health Services (DSHS), State of Washington.

The DSHS Client Registry will help case managers who are working with me to best coordinate the state social services that I receive.

The information included in the Client Registry is limited to when and where I received services, my name, social security number, birthdate, sex, and ethnic background. This information will appear in the Client Registry for one year following your discharge from this program.

No other information about the services I receive in this program will be included. I understand that information about me is protected by law from unauthorized access and disclosure. If anyone wants additional information, they will ask me to sign another form.

I understand that I do not have to sign this form to receive these services. At any time, I can take back my consent to be included in the Client Registry.

If I have any questions, I may call \_\_\_\_\_.  
(DASA Counselor)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parental Signature of Minor Child if Required)

\_\_\_\_\_  
(Date)



*TARGET*  
Data Dictionary

# Part III

## Data Elements



## ACADEMIC/TRAINING ACHIEVEMENT

Field Description	Indicates the highest educational achievement of the client. Choices are listed in alphabetical order. Check the highest level of achievement that applies.		
Valid Entries	<u>Description</u>		<u>Target Code</u>
	AA Degree (Academic)		1
	AA Degree (Vocational)		9
	G.E.D.		11
	High School Diploma		4
	No degree		5
	Post-graduate degree		7
	Undergraduate degree		2
	Unknown		8
	Vocational training (certificate)		3
	Vocational training (no certificate)		6
	Not Collected [ <i>Inactive 6/1/93</i> ]		10
Business Rules	Required Field		
File References	DEGREE_LUT		
	TREATMENT_MILESTONE		
Field Information	DASA Database (SQL)	Name: Length: Type:	Degree_ID 2 Tinyint, not null
	(Look-up table only)	Name: Length: Type:	Degree_Desc 35 Varchar, null
Data Element History	Inactivated Not Collected		6/1/93



## ACTIVE DATE

<b>Field Description</b>	<p>Indicates the date that a data element became active.</p> <p>A data element cannot be associated to an event that is before its Active Date. Also see entry for Inactive Date in the Data Dictionary.</p>
<b>Valid Entries</b>	Format: mm/dd/yyyy
<b>Business Rules</b>	<p>Cannot be earlier than 1/1/1900</p> <p>Cannot be greater than Inactive Date</p> <p>Cannot be greater than today's date</p>
<b>File References</b>	<p>ADATSA_EXCEPTION_TYPE_LUT</p> <p>ARREST_TYPE_LUT</p> <p>ASAM_LEVEL_LUT</p> <p>ASI_PATIENT_RATING_SCALE_LUT</p> <p>ASSESSMENT_PRIORITY_LUT</p> <p>CHILD_CARE_TYPE_LUT</p> <p>CLIENT_REGISTRY_STATUS_LUT</p> <p>COMMUNITY_SERVICE_OFFICE_LUT</p> <p>CONTRACT_TYPE_LUT</p> <p>DEGREE_LUT</p> <p>DISABILITY_TYPE_LUT</p> <p>DISCHARGE_TYPE_LUT</p> <p>EMPLOYMENT_ACTIVITY_LUT</p> <p>ENGLISH_ABILITY_LUT</p>

## ACTIVE DATE

File References (Continued)	ENTRY_REFERRAL_LUT		PREGNANCY_OUTCOME_TYPE_LUT
	FORWARD_REFERRAL_LUT		PRIMARY_INCOME_LUT
	FREQUENCY_LUT		PRIVATE_FEE_STATUS_LUT
	FUNDING_SOURCE_LUT		PRIVATE_INSURANCE_PAYMENT_LUT
	HISPANIC_LUT		PSYCH_EVALUATION_STATUS_LUT
	INCAPACITY_LUT		PUBLIC_ASSIST_LUT
	LANGUAGE_LUT		RACE_LUT
	LEGAL_ISSUE_TYPE_LUT		RESIDENCE_TYPE_LUT
	LIVING_ARNG_LUT		RUNAWAY_COUNT_LUT
	MARITAL_SATISFACTION_LUT		SCHOOL_STATUS_LUT
	MARITAL_STATUS_LUT		SCHOOL_TYPE_LUT
	MEDICAL_TREATMENT_NEED_LUT		SEXUAL_ORIENTATION_LUT
	MENTAL_TREATMENT_TYPE_LUT		SPECIAL_ASSESSMENT_TYPE_LUT
	METHOD_LUT		SPECIAL_PROJECT_LUT
	MILESTONE_TYPE_LUT		STAGE_OF_USE_LUT
	MODALITY_CONTRACT_FUNDING		SUBSTANCE_LUT
	MODALITY_LUT		SUPPORT_ACTIVITY_TYPE_LUT
	NEEDLE_USE_LUT		TITLE_XIX_STATUS_LUT
	NONELIG_REASON_LUT		TREATMENT_ACTIVITY_TYPE_LUT
	OFFERED_SERVICE		TRIBE_LUT
	OTHER_SERVICES_REFERRAL_LUT		USER_DEFINED_OPTION_LUT
	PERSONAL_RELATIONSHIP_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Active_Date 16 Datetime, not null
Data Element History	---		

## ACTIVITY DATE/TIME (SUPPORT)

<b>Field Description</b>	Indicates the date and time of the support activity event. If the Support Activity record is for a monthly activity summary, enter the last day of the month (example: 8/31/2001) and "activity summary" for the activity description.		
<b>Valid Entries</b>	Format: mm/dd/yyyy hh:mm:ss AM/PM (12-hour format)		
<b>Business Rules</b>	Required Field If a Client Activity, cannot be earlier than the client's date of birth. Cannot be greater than today's date and time		
<b>File References</b>	CLIENT_SUPPORT_ACTIVITY FACILITY_SUPPORT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Support_Activity_DateTime 16 Datetime, not null
<b>Data Element History</b>	For Agency Support Activity, Staff_ID was added as primary key in addition to Support_Activity_DateTime. If appropriate, Agency Support Activities can now overlap as long as the Staff_ID is different		

## ACTIVITY DATE/TIME (TREATMENT)

<b>Field Description</b>	Indicates the date of the treatment activity event.		
<b>Valid Entries</b>	Format: mm/dd/yyyy hh:mm:ss AM/PM (12-hour format)		
<b>Business Rules</b>	<p>Required Field</p> <p>Cannot be greater than today's date/time.</p> <p>Warning message if Activity Date/Time is between 1:00 and 5:00 AM.</p> <p>Activity Date/Time cannot be before Admission Date/Time plus Admission Duration.</p> <p>Activity Date/Time plus Activity Duration cannot be greater than Discharge Date/Time.</p>		
<b>File References</b>	TREATMENT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Treatment_DateTime Length: 16 Type: Datetime, not null	
<b>Data Element History</b>	---		

## ACTIVITY DURATION (TREATMENT)

<b>Field Description</b>	Indicates the duration, in hours and minutes, of the treatment activity. It is not required that providers track no show or excused hours; this is an optional feature of the system.		
<b>Valid Entries</b>	Format: hh:mm		
<b>Business Rules</b>	Maximum duration of 12 hours and 59 minutes.		
<b>File References</b>	TREATMENT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Activity_Duration_Hours Length: 2 Type: Integer, not null	
	(SQL)	Name: Activity_Duration_Minutes Length: 2 Type: Tinyint, not null	
<b>Data Element History</b>	---		

## ACTIVITY TYPE (SUPPORT)

Field Description	Indicates the type of non-treatment support activity provided.				
Valid Entries	<u>Displays on</u>				
	<u>Form Code</u>	<u>Support Activity Type</u>	<u>Target Code</u>	<u>Client</u>	<u>Agency</u>
	G	Adolescent Case Management	7	✓	✓
	A	Alcohol and Other Drug Information School	1	✓	✓
	R	Assessment and Referral	12	✓	✓
	E	Community Education	5	✓	✓
	C	Crisis Services	3	✓	✓
	F	Family Support	6	✓	✓
	H	Housing Services	16	✓	✓
	N	Interim Services	11	✓	✓
	I	Involuntary Commitment	8	✓	✓
	L	Non-Treatment Group	9	✓	✓
	B	Sobering Services	2	✓	✓
	S	Staff Continuing Education	13	✓	✓
	V	Outreach Services	15	✓	✓
	U	Brief Therapy – Individual	17	✓	
	O	Brief Therapy –Group	18	✓	
	P	Brief Therapy –Family	19	✓	
	J	Brief Therapy -Conjoint	20	✓	
	1	Alcohol and Drug-Free Social Activities - ATR	56		
	2	Alcohol/Drug Testing - ATR	42		
	3	Brief Intervention - ATR	22		
	4	Child Care - ATR	32		
	5	Co-occurring Treatment Services	27		
	6	Continuing Care - ATR	45		
	7	Employment Coaching - ATR	35		

## ACTIVITY TYPE (SUPPORT)

Valid Entries (Continued)	Displays on			
	<u>Form Code</u>	<u>Support Activity Type</u>	<u>Target Code</u>	<u>Client</u> <u>Agency</u>
	8	Employment Services - ATR	33	
	9	Family Services – ATR	31	
	10	Family/Marriage Counseling – ATR	26	
	11	Group Counseling – ATR	25	
	12	HIV/AIDS Counseling – ATR	29	
	13	HIV/AIDS Education – ATR	52	
	14	HIV/AIDS Medical Support & Testing – ATR	43	
	15	HIV/AIDS Services - ATR	38	
	16	Housing Support - ATR	55	
	17	Individual Counseling - ATR	24	
	18	Individual Services Coordination - ATR	36	
	19	Information and Referral – ATR	57	
	20	Medical Care – ATR	41	
	21	Other After Care Services – ATR	51	
	22	Other Clinical Services – ATR	30	
	23	Other Educational Services – ATR	53	
	24	Other Medical Services - ATR	44	
	25	Other Peer-to-Peer Recovery Support Service - ATR	58	
	26	Peer Coaching or Mentoring – ATR	54	
	27	Pharmacological Interventions – ATR	28	
	28	Pre-employment Services - ATR	34	
	29	Recovery Coaching - ATR	47	
	30	Recovery Coordination Services - ATR	40	
	31	Relapse Prevention - ATR	46	
	32	Screening/Assessment - ATR	21	

## ACTIVITY TYPE (SUPPORT)

Valid Entries (Continued)	Displays on				
	Form Code	Support Activity Type	Target Code	Client	Agency
	33	Self – ATR	48		
	34	Spiritual Support - ATR	49		
	35	Substance Abuse Education - ATR	51		
	36	Supportive Drug - ATR	39		
	37	Transportation – ATR	37		
	38	Treatment Planning – ATR	23		
	D	Depend Strength Art. Pro. [ <i>Inactive 11/15/01</i> ]	4		
	T	Moral Reconation Therapy [ <i>Inactive 11/15/01</i> ]	14		
M	Case Management [ <i>Inactive 7/11/03</i> ]	10		✓	
Business Rules	Required Field				
File References	CLIENT_SUPPORT_ACTIVITY FACILITY_SUPPORT_ACTIVITY SUPPORT_ACTIVITY_TYPE_LUT				
Field Information	DASA Database (SQL)	Name: Length: Type:	Support_Act_Type_ID 2 Tinyint, null		
	(Look-up table only)	Name: Length: Type:	Support_Act_Type_Desc 50 Varchar, null		
Data Element History	Inactivated Depend Strength Art Program [ <i>DOC Only</i> ] and Moral Reconation Therapy [ <i>DOC Only</i> ] Inactivated Case Management Added four Brief Therapy activity types Added thirty-eight ATR activity types ATR types are no longer displayed as this data is collected through the ATR Services screen			11/15/01 7/11/03 4/1/04 1/1/05 4/25/05	



## ACTIVITY TYPE (TREATMENT)

<b>Field Description</b>	Indicates the type of treatment activity provided.		
<b>Valid Entries</b>	Form <u>Code</u>	<u>Treatment Activity Type</u>	<u>Target Code</u>
	A	Acupuncture	7
	M	Case Management	6
	C	Childcare	5
	J	Conjoint (with client)	3
	F	Family (without client)	4
	G	Group	2
	I	Individual	1
	R	Methadone/Opiate Dose Change	8
	U	Urinalysis Sample	9
	-	Not collected [ <i>Inactive 6/1/93</i> ]	10
<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_ACTIVITY TREATMENT_ACTIVITY_TYPE_LUT		
<b>Field Information</b>	<div> DASA Database (SQL) Name: Treatment_Activity_Type_ID Length: 2 Type: Tinyint, null </div> <div> (Look-up table only) Name: Treatment_Activity_Desc Length: 60 Type: Varchar, null </div>		
<b>Data Element History</b>	Inactivated Not Collected 9/1/93		

## ADATSA ADMISSION

<b>Field Description</b>	Indicates whether or not this is an ADATSA admission.		
<b>Valid Entries</b>	<u>Choice</u>	<u>Target Code</u>	
	Yes	1	
	No (default)	0	
<b>Business Rules</b>	Required Field  Must be Yes if an ADATSA assessment is selected  Defaults to No if there is no ADATSA assessment for the client within the last three years.		
<b>File References</b>	ADMISSION		
<b>Field Information</b>	DASA Database (SQL)	Name: ADATSA_Admission Length: 1 Type: Tinyint, null	
<b>Data Element History</b>	Changed business rules to reflect the removal of case plans from the ADATSA record <span style="float: right;">1/1/2003</span>		

## ADATSA TREATMENT ELIGIBILITY (ADATSA)

<b>Field Description</b>	Indicates whether the client is eligible for ADATSA funded treatment		
<b>Valid Entries</b>	<u>Choice</u>	<u>Target Code</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	Can only be modified if Assessment Type equals ADATSA. Required field if Assessment Type equals ADATSA. Defaults to Yes if Assessment Type equals ADATSA		
<b>File References</b>	ASSESSMENT		
<b>Field Information</b>	DASA Database (SQL)	Name: ADATSA_Treatment_Eligibility Length: 1 Type: Tinyint, null	
<b>Data Element History</b>	---		

---

## ADDRESS DESC

---

<b>Field Description</b>	This field describes the type of address recorded for the client		
<b>Valid Entries</b>	Currently, we only record the client's primary address, so this field is defaulted to "Primary Address"  This is not a data entry field.		
<b>Business Rules</b>	Defaulted to "Primary Address"		
<b>File References</b>	CLIENT_ADDRESS		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Address_Desc 35 Varchar, not null
<b>Data Element History</b>	---		

---

## ADDRESS ENTRY DATE

---

<b>Field Description</b>	This field indicates the date of the milestone event associated with this address.		
<b>Valid Entries</b>	This is not a data entry field.		
<b>Business Rules</b>	The value of this field is the same as the Milestone_Datetime in the MILESTONE table.		
<b>File References</b>	CLIENT_ADDRESS		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Address_Entry_Date 16 Datetime, not null
<b>Data Element History</b>	---		

## ADMINISTRATION METHOD

Field Description	Indicates the most common method the client uses to administer a specific substance.		
Valid Entries	Form		
	<u>Code</u>	<u>Method</u>	<u>Target Code</u>
	I	Inhalation	1
	J	Injection	2
	N	Intranasal	3
	O	Oral	4
	X	Other	6
	S	Smoking	5
Z	Not Collected	7	
	[Inactive 6/1/93]		
Business Rules	Required field if a substance has been selected.		
File References	METHOD_LUT SUBSTANCE_USED		
Field Information	DASA Database (SQL)	Name: Length: Type:	Method_ID 1 Tinyint, not null
	(Look-up table only)	Name: Length: Type:	Method_Desc 25 Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## ADMISSION DATE/TIME

<b>Field Description</b>	The date and time at which the client is enrolled in the program.		
<b>Valid Entries</b>	Format: mm/dd/yyyy hh:mm AM/PM (12-hour format)		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be greater than 01/01/1989 and cannot be greater than today's date and time.</p> <p>A caution message will appear if the time entered is between 1 a.m. and 6:59 a.m.</p> <p>TARGET only allows one open admission for a client at a provider at one time</p> <p>There can be only one admission open for a client at a specific date/time.</p> <p>If treatment will be funded under ADATSA, must be greater than or equal to client's ADATSA assessment date/time plus duration</p> <p>Once entered into the database, this date and time cannot be corrected; a deletion and re-entry of the admission is required to modify this field.</p>		
<b>File References</b>	ADMISSION ADMISSION_ENTRY_REFERRAL CLIENT_SUPPORT_ACTIVITY DISCHARGE	DISCHARGE_REFERRAL GROUP_ROSTER SERVICE_FUNDING TREATMENT_ACTIVITY	
<b>Field Information</b>	DASA Database (SQL)	Name: Admission_DateTime Length: 16 Type: Datetime, not null	
<b>Data Element History</b>	Changed format for the import/export function from YYYY-MM-DD HH:MM to YYYY-MM-DD HH:MM:SS 6/27/05		

## ADMISSION TYPE

<b>Field Description</b>	Indicates type of admission.		
<b>Valid Entries</b>	<u>Admission Type</u>	<u>Target Code</u>	
	Regular/Standard	1	
	Detox Short Form	2	
	Support Activity	3	
<b>Business Rules</b>	Required Field This is a system variable		
<b>File References</b>	ADMISSION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Admission_Type 1 Tinyint, not null
<b>Data Element History</b>	---		



## AGE OF FIRST USE

<b>Field Description</b>	Indicates the age at which the client first used the specific substance.		
<b>Valid Entries</b>	##		
<b>Business Rules</b>	<p>Required if a substance is selected.</p> <p>Cannot be zero.</p> <p>Must be less than or equal to client's age at milestone.</p>		
<b>File References</b>	SUBSTANCE_USED		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: First_Use_Age</p> <p>Length: 2</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	---		

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## AGENCY NAME

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<b>Field Description</b>	Indicates the full name of the agency. Agency name must be the same as the agency name that appears in the approved DASA directory (the "Greenbook").		
<b>Valid Entries</b>	Text		
<b>Business Rules</b>	Required Field For DASA staff only.		
<b>File References</b>	FACILITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Facility_Name 70 Varchar, not null
<b>Data Element History</b>	---		

## AGENCY NUMBER

<b>Field Description</b>	A six-digit number assigned to a certified agency.		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Required Field		
<b>File References</b>	ADMISSION ADMISSION_ENTRY_REFERRAL AGENCY_PREFERENCES ASI_MILESTONE ASSESSMENT ASSESSMENT_ENTRY_REFERRAL ASSESSMENT_FORWARD_REFER RAL CASE_PLAN CLIENT_REGISTRY CLIENT_SUPPORT_ACTIVITY CURRENT_LEGAL_ISSUE DEPARTMENTAL_COLLABORATI ON DISABILITY_MILESTONE DISCHARGE DISCHARGE_REFERRAL FACILITY_AGENCY FACILITY_STAFF FACILITY_STAFF_RACE FACILITY_SUPPORT_ACTIVITY	GROUP_LUT GROUP_ROSTER OFFERED_SERVICE PREGNANCY_OUTCOME PREVIOUS_ARREST RELATIONSHIP_PROBLEM SERVICE_FUNDING SPECIAL_ASSESSMENT SPECIAL_PROJECT_LUT SUBSTANCE_USED TREATMENT_ACTIVITY TREATMENT_MILESTONE TX_ACTIVITY_IMPORT_ERROR_DE TAIL TX_ACTIVITY_IMPORT_ERROR_HE ADER TX_ACTIVITY_IMPORT_LOG USER_DEFINED_OPTION_LUT WEB_USER_FACILITY	
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Agency_Number 6 Character, not null
<b>Data Element History</b>	---		

## **ALCOHOL EXPENSES**

---

<b>Field Description</b>	Indicates how much money the client reports having spent in the past thirty days on alcohol. (Round to the nearest whole dollar.)		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Rounds to the nearest whole dollar.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:4 Type:	Alcohol_expense_amount  Money, null
<b>Data Element History</b>	---		

## **ALCOHOL PROBLEMS**

---

<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having experienced alcohol problems.		
<b>Valid Entries</b>	##		
<b>Business Rules</b>	Integer between 0 and 30 inclusive.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	Alcohol_prob_days  Tinyint, null
<b>Data Element History</b>	---		

## ALCOHOL PROBLEMS – ENVIRONMENT

<b>Field Description</b>	Does anyone in the client's immediate family or current living situation have an alcohol problem.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Code</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Family_Alcohol_Prob  Tinyint, null
<b>Data Element History</b>	---		

## **AMOUNT TAKEN \ COMMENTS**

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<b>Field Description</b>	Amount of a specific substance typically taken during use periods or for entering comments about the drug usage.
<b>Valid Entries</b>	This is for agency use only and is not entered into TARGET.
<b>Business Rules</b>	None
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---

## ASAM PLACEMENT LEVEL

Field Description	Record the recommended ASAM placement level of care based on the ASAM rating scale.		
<b>Valid Entries</b>	<u>Level</u>	<u>Description</u>	<u>Target Code</u>
	Level 0	No further ASAM placement level recommended.	0
	Level 0.5	Willing to understand how current use affects them. Early Intervention	11
	Level I	Willing to cooperate, needs motivating strategies. Outpatient	8
	Level II.1	Resistance high enough to require structured program. Intensive Outpatient	7
	Level II.5	Resistance high enough to require structured program. Outpatient with Partial Hospitalization	6
	Level III.1	Open to recovery, needs structured environment to maintain. Clinically Managed Low Intensity Residential Services	5
	Level III.2-D	Clinically managed residential detoxification sub-acute detox	12
	Level III.3	Little awareness, client needs intervention to engage. Clinically Managed Medium Intensity Residential Services	4
	Level III.5	Marked difficulty with opposition to treatment with dangerous consequences if not engaged in treatment. Clinically Managed Med/High Intensity Residential Services	3
	Level III.7	Resistance high and impulse control poor despite negative consequences; client needs 24 hour structured setting. Medically Monitored Intensive Inpatient Services (sobering unit)	2



## ASAM PLACEMENT LEVEL

Valid Entries (Continued)	<u>Level</u>	<u>Description</u>	<u>Target Code</u>
	Level III.7-D	Clinically managed residential detoxification acute detox	13
	Level IV	Problems in this dimension do not qualify the client for Level IV series. Medically Managed Intensive Inpatient Services, Detox or Hospital	1
	Level OMT OP	Resistance high enough to require structured therapy. Opioid Maintenance Therapy	9
	Level OMT ME	Request Methadone maintenance. Methadone Maintenance. <i>[Inactive 10/26/01]</i>	10
<b>Business Rules</b>	Required field for Assessments, Admissions, Discharges and short form Detox records.		
<b>File References</b>	TREATMENT_MILESTONE ASAM_LEVEL_LUT		
<b>Field Information</b>	<div> DASA Database (SQL) <div> Name: ASAM_Level_ID  Length:2  Type: Tinyint, null </div> </div> <div> (Look-up table only) <div> Name: ASAM_Level_Long_Desc  Length:70  Type: Varchar, null </div> </div>		
<b>Data Element History</b>	<div> Added Level 0. This is not an "official" ASAM level, but was added per provider request to indicate that no further treatment is recommended. <div>7/1/01</div> </div> <div> Inactivated Level OMT ME. <div>10/26/01</div> </div>		

## ASI RATING SCALE

Field Description	The Addiction Severity Index scale used in several locations on the forms and in the Target system.																										
Valid Entries	<table><tr><td><u>Response</u></td><td><u>Scale Number</u></td><td></td><td></td></tr><tr><td>Not at all</td><td>0</td><td></td><td></td></tr><tr><td>Slightly</td><td>1</td><td></td><td></td></tr><tr><td>Moderately</td><td>2</td><td></td><td></td></tr><tr><td>Considerably</td><td>3</td><td></td><td></td></tr><tr><td>Extremely</td><td>4</td><td></td><td></td></tr></table>			<u>Response</u>	<u>Scale Number</u>			Not at all	0			Slightly	1			Moderately	2			Considerably	3			Extremely	4		
<u>Response</u>	<u>Scale Number</u>																										
Not at all	0																										
Slightly	1																										
Moderately	2																										
Considerably	3																										
Extremely	4																										
Business Rules	None																										
File References	ASI_PATIENT_RATING_SCALE_LUT																										
Field Information	<table><tr><td>DASA Database (SQL)</td><td>Name:</td><td>ASI_Rating_ID</td></tr><tr><td></td><td>Length:</td><td>1</td></tr><tr><td></td><td>Type:</td><td>Int; null</td></tr><tr><td>(Look-up table only)</td><td>Name:</td><td>ASI_Rating_Desc</td></tr><tr><td></td><td>Length:</td><td>50</td></tr><tr><td></td><td>Type:</td><td>Varchar; null</td></tr></table>			DASA Database (SQL)	Name:	ASI_Rating_ID		Length:	1		Type:	Int; null	(Look-up table only)	Name:	ASI_Rating_Desc		Length:	50		Type:	Varchar; null						
DASA Database (SQL)	Name:	ASI_Rating_ID																									
	Length:	1																									
	Type:	Int; null																									
(Look-up table only)	Name:	ASI_Rating_Desc																									
	Length:	50																									
	Type:	Varchar; null																									
Data Element History	---																										

## ASSESSMENT DATE/TIME

<b>Field Description</b>	The date and time the client assessment information is completed.		
<b>Valid Entries</b>	Format: mm/dd/yyyy hh:mm AM/PM (12-hour format)		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be less than the current date/time.</p> <p>Assessment Date/Time cannot be the same as the Date/Time of any other assessment, admission or discharge for the same client.</p> <p>Once the assessment is saved, the assessment date/time cannot be changed; a deletion and re-entry is required.</p> <p>A warning message is displayed if the time is between 1:00 AM and 6:59 AM. The record can still be saved.</p>		
<b>File References</b>	ASSESSMENT	CASE PLAN	
	ASSESSMENT_ENTRY_REFERRAL	SERVICE_FUNDING	
	ASSESSMENT_FORWARD_REFERRAL	SPECIAL_ASSESSMENT	
<b>Field Information</b>	DASA Database (SQL)	Name: Assessment_DateTime Length: 16 Type: Datetime, not null	
<b>Data Element History</b>	---		

## ASSESSMENT TYPE

Field Description	Indicates assessment type.		
Valid Entries	<u>Assessment Type</u>		<u>Target Code</u>
	ADATSA Assessment		1
	Indicates whether this assessment is an ADATSA Assessment.		
	Deferred Prosecution		2
	Indicates whether the client is currently undergoing a deferred prosecution assessment.		
	DUI/Department of Licensing		3
	Indicates whether the client's assessment is a Driving Under the Influence/Department of Licensing assessment.		
Business Rules	Required field		
	Only allow one open ADATSA Assessment statewide at a time.		
	If the assessment type = ADATSA then the facility must be authorized to perform ADATSA Assessments. TARGET checks for an ADATSA Modality/Contract/Fund Source in the Offered Services files.		
File References	SPECIAL_ASSESSMENT SPECIAL_ASSESSMENT_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Special_Assessment_Type_ID 1 Tinyint, not null
	(Look-up table only)	Name: Length: Type:	Special_Assessment_Desc 30 Varchar, null
Data Element History	---		

## ATTENDANCE

Field Description	Indicates the attendance status of the client to a specific individual or group treatment activity or group support activity. It is not required that providers track no show or excused hours; this is an optional feature of the system.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Yes (default)	1	
	Excused, by provider	2	
	No Show, unexcused absence	0	
Business Rules	Required field for treatment activities.		
File References	CLIENT SUPPORT ACTIVITY TREATMENT ACTIVITY		
Field Information	DASA Database  (SQL)	File: Name: Length: Type:	CLIENT SUPPORT ACTIVITY Service_Attendance 4 Int, null
	  (SQL)	File: Name: Length: Type:	TREATMENT ACTIVITY Service_Attendance 1 Tinyint, null
Data Element History	Changed "No Show" from 3 to 0		1/30/05

## AUTOMOBILE AVAILABLE

<b>Field Description</b>	Indicates whether the client currently has access to an automobile (Does not require ownership).		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Access_to_Auto  Tinyint, null
<b>Data Element History</b>	---		

## BIRTH DATE

<b>Field Description</b>	Indicates the birth date of the client or staff member.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be greater than 01/01/1900</p> <p>Cannot be greater than today's date.</p> <p>Warning message if client age is less than 10 years old.</p> <p>Warning message if client age is greater than 100 years old.</p>		
<b>File References</b>	<p>CLIENT_MASTER</p> <p>FACILITY_STAFF</p>		
<b>Field Information</b>	<p>IMPORT/EXPORT:</p> <p>DASA Database</p>	<p>Name:</p> <p>Type</p> <p>Format:</p> <p>Name:</p> <p>Length:</p> <p>Type:</p>	<p>Client_BirthDate</p> <p>Datetime</p> <p>MM/DD/YYYY</p> <p>Client_BirthDate</p> <p>Staff_BirthDate</p> <p>10</p> <p>Datetime, null</p>
<b>Data Element History</b>	---		

## BIRTH WEIGHT

Field Description	If the client's pregnancy results in a live birth, indicate the birth weight of the child, or children if a multiple birth.																				
Valid Entries	##lbs., ##oz.																				
Business Rules	Can only be added if Pregnancy End Date is filled in and Pregnancy Outcome is Live Born Child.  Warning message if birth weight is more than 15 lbs and 15 oz.																				
File References	PREGNANCY_OUTCOME																				
Field Information	<table><tr><td>DASA Database (SQL)</td><td>Name:</td><td>Birth_Weight_Pounds</td></tr><tr><td></td><td>Length:</td><td>2</td></tr><tr><td></td><td>Type:</td><td>Tinyint, null</td></tr><tr><td>DASA Database (SQL)</td><td>Name:</td><td>Birth_Weight_Ounces</td></tr><tr><td></td><td>Length:</td><td>2</td></tr><tr><td></td><td>Type:</td><td>Tinyint, null</td></tr></table>			DASA Database (SQL)	Name:	Birth_Weight_Pounds		Length:	2		Type:	Tinyint, null	DASA Database (SQL)	Name:	Birth_Weight_Ounces		Length:	2		Type:	Tinyint, null
DASA Database (SQL)	Name:	Birth_Weight_Pounds																			
	Length:	2																			
	Type:	Tinyint, null																			
DASA Database (SQL)	Name:	Birth_Weight_Ounces																			
	Length:	2																			
	Type:	Tinyint, null																			
Data Element History	---																				



## BRaille

<b>Field Description</b>	Indicates if the client reads Braille.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Uses_Braille 1 Tinyint, null
<b>Data Element History</b>	---		

## BREATH TEST RESULTS

<b>Field Description</b>	Indicates the results of the breath test. The results of the breath test are a percentage of blood alcohol level and expressed as a decimal.		
<b>Valid Entries</b>	.##		
<b>Business Rules</b>	Intended for use in DUI/Physical Control Assessments. Must be less than or equal to 0.50		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Breath_Test_Result 5,3 Numeric, null
<b>Data Element History</b>	---		

## **CHANGE MODALITY**

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<b>Field Description</b>	Indicates the particular change of modality that is reflected on the Change of Circumstances Form. The only modality changes allowed during a treatment admission are for outpatient categories.  i.e.: Intensive Outpatient (IO) to Outpatient (OP) or Outpatient (OP) to Methadone/Opiate Substitution Treatment(MT)
<b>Valid Entries</b>	Intensive Outpatient (IO), Outpatient (OP), Methadone/Opiate Substitution Treatment(MT)  This field appears only in the forms. Modality is changed in Target via the Change of Funding screen.
<b>Business Rules</b>	None
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---

## CHANGE START DATE/TIME

<b>Field Description</b>	Indicates the effective date of the funding change.		
<b>Valid Entries</b>	Format: mm/dd/yyyy, Defaults to the current date		
<b>Business Rules</b>	Required Field The time of a funding change is always 12:00 AM. Any existing funding is ended the day before at 11:59 PM.		
<b>File References</b>	SERVICE_FUNDING		
<b>Field Information</b>	DASA Database (SQL)	Name: Service_Funding_Datetime Length: 16 Type: Datetime, null	
<b>Data Element History</b>	---		

## CHANGE UPDATE DATE

<b>Field Description</b>	Indicates the date and time of initial entry or of the last change to this record.		
<b>Valid Entries</b>	A date/time is entered in this field by the Target system when a record is saved. Format: mm/dd/yyyy hh:mm		
<b>Business Rules</b>	System generated field.		
<b>File References</b>	<div> ADATSA_EXCEPTION ADMISSION ADMISSION_ENTRY_REFERRAL AGENCY_PREFERENCES ASI_MILESTONE ASSESSMENT ASSESSMENT_ENTRY_REFERRAL ASSESSMENT_FORWARD_REFERRAL CASE_PLAN CLIENT_ADDRESS CLIENT_MASTER CLIENT_PHONE CLIENT_RACE CLIENT_REGISTRY CLIENT_REGISTRY_STATUS_LUT CLIENT_SUPPORT_ACTIVITY CLIENT_TRIBE COMMUNITY_SERVICE_OFFICE_LUT </div> <div> CURRENT_LEGAL_ISSUE DEPARTMENTAL_COLLABORATION DISABILITY_MILESTONE DISCHARGE DISCHARGE_REFERRAL FACILITY_STAFF FACILITY_SUPPORT_ACTIVITY GROUP_ROSTER INTERVAL_INFO MODALITY_CONTRACT_FUNDING OFFERED_SERVICE PREGNANCY_OUTCOME PREVIOUS_ARREST RELATIONSHIP_PROBLEM SERVICE_FUNDING SPECIAL_ASSESSMENT SUBSTANCE_USED TREATMENT_ACTIVITY TREATMENT_MILESTONE </div>		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Change_update_date 16 Datetime, not null
<b>Data Element History</b>	---		

## CHANGE USER ID

<b>Field Description</b>	Indicates the TARGET user id of the person who made the last change to the record.		
<b>Valid Entries</b>	This is a system generated field		
<b>Business Rules</b>	N/A		
<b>File References</b>	ADATSA_EXCEPTION ADMISSION ADMISSION_ENTRY_REFERRAL AGENCY_PREFERENCES ASI_MILESTONE ASSESSMENT ASSESSMENT_ENTRY_REFERRAL ASSESSMENT_FORWARD_REFERRAL CASE_PLAN CLIENT_ADDRESS CLIENT_MASTER CLIENT_PHONE CLIENT_RACE CLIENT_REGISTRY CLIENT_REGISTRY_STATUS_LUT CLIENT_SUPPORT_ACTIVITY CLIENT_TRIBE COMMUNITY_SERVICE_OFFICE_LUT	CURRENT_LEGAL_ISSUE DEPARTMENTAL_COLLABORATION DISABILITY_MILESTONE DISCHARGE DISCHARGE_REFERRAL FACILITY_STAFF FACILITY_SUPPORT_ACTIVITY GROUP_ROSTER INTERVAL_INFO MODALITY_CONTRACT_FUNDING OFFERED_SERVICE PREGNANCY_OUTCOME PREVIOUS_ARREST RELATIONSHIP_PROBLEM SERVICE_FUNDING SPECIAL_ASSESSMENT SUBSTANCE_USED TREATMENT_ACTIVITY TREATMENT_MILESTONE	
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Change_user_id 20 Change_user_id, not null
<b>Data Element History</b>	---		

## CHARGED WITH

Field Description	Several questions which indicate the number of times in their lifetime that the client reports having been arrested and formally charged with a variety of specific crimes. Include total number of counts not just convictions.  Do not include juvenile (under age 18) crimes, unless they were charged as an adult.		
Valid Entries	### from 0 to 255  Charged with categories include: <div><div>Arson</div><div>Assault</div><div>Burglary</div><div>Contempt of Court</div><div>Drug Charges</div><div>Forgery</div><div>Homicide</div></div> <div><div>Other Criminal Charges</div><div>Probation Violation</div><div>Prostitution</div><div>Rape</div><div>Robbery</div><div>Shoplifting</div><div>Weapons Offense</div></div>		
Business Rules	None		
File References	ASI_MILESTONE		
Field Information	<div><div>DASA Database (SQL)</div><div><div>Name:</div><div>Arson_charge_count Assault_charge_count Burglary_charge_count Contempt_charge_count Drug_charge_count Forgery_charge_count Homicide_charge_count Other_charge_count Probation_parole_charge_count Prostitution_charge_count Rape_charge_count Robbery_charge_count Shoplifting_charge_count Weapons_charge_count</div></div><div><div>Length:3</div><div>Type:</div><div>Tinyint, null</div></div></div>		
Data Element History	---		

## CHILD CARE TYPE

Field Description	Indicates the type of publicly funded childcare the client 's children attend during treatment of the client.		
Valid Entries	Form Code	Childcare Type	TARGET Code
	H	In-Home Care	3
	L	Licensed Childcare Center	4
	C	Licensed Family/Home Care	1
	N	Not Applicable	6
	F	On-Site Facility	2
	R	Relative Care	7
	T	Therapeutic Center	8
	U	Unknown	9
	M	Licensed Mini-Care [Inactive 11/15/01]	5
Z	Not Collected [Inactive 6/1/93]	10	
Business Rules	Required if the Treatment Activity Type is Child Care. Cannot be Not Applicable if the Treatment Activity Type is Child Care.		
File References	CHILD_CARE_TYPE_LUT TREATMENT_ACTIVITY		
Field Information	DASA Database (SQL)	Name: Length:2 Type:	Child_Care_Type_ID Tinyint, Not null
	(Look-up table only)	Name: Length:60 Type:	Child_Care_Desc Varchar, null
Data Element History	Inactivated Licensed Mini-Care Inactivated Not Collected		11/15/01 6/1/93



## **CHILD NUMBER**

---

<b>Field Description</b>	System generated variable to identify up to three pregnancy outcomes (births, miscarriages, etc).		
<b>Valid Entries</b>	1, 2 or 3		
<b>Business Rules</b>	System defined field		
<b>File References</b>	PREGNANCY_OUTCOME		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Child_Number 1 Tinyint
<b>Data Element History</b>	---		

## CHILDREN ATTENDING CHILD CARE

<b>Field Description</b>	Indicates the number of the client 's children attending publicly funded childcare.		
<b>Valid Entries</b>	### From 1 to 255		
<b>Business Rules</b>	Required if the Treatment Activity Type is Child Care		
<b>File References</b>	TREATMENT ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Children_Attending_CC Length:3 Type: Tinyint, null	
<b>Data Element History</b>	---		

## CHILDREN, NOT YOURS, WITH YOU

Field Description	<p>The number of children (under age 18) living with the client in the household not including the client’s own children. This question has two parts.</p> <p>Part A: The total number of children living with the client that the client is not the mother or father of.</p> <p>Part B: Of the total number of children listed in Part A, how many are less than 12 years of age?</p>																		
Valid Entries	##, ##																		
Business Rules	<p>Must equal at least 1 less than total Persons in Household.</p> <p>[Children, Not Your, With You] + [Children, Yours, With You] must be greater than 0 if Living Arrangement = Children Alone</p> <p>Added together with Your Children Living With You must equal at least 1 less than total Persons in Household.</p> <p>Part B must be less than or equal to Part A</p>																		
File References	TREATMENT_MILESTONE																		
Field Information	<table><tr><td rowspan="3">DASA Database (SQL)</td><td>Name:</td><td>Other_Kids</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr><tr><td></td><td>Name:</td><td>Other_Kids_Under_12</td></tr><tr><td></td><td>Length:</td><td>2</td></tr><tr><td></td><td>Type:</td><td>Tinyint, null</td></tr></table>			DASA Database (SQL)	Name:	Other_Kids	Length:	2	Type:	Tinyint, null		Name:	Other_Kids_Under_12		Length:	2		Type:	Tinyint, null
DASA Database (SQL)	Name:	Other_Kids																	
	Length:	2																	
	Type:	Tinyint, null																	
	Name:	Other_Kids_Under_12																	
	Length:	2																	
	Type:	Tinyint, null																	
Data Element History	---																		

## CHILDREN, YOURS, NOT WITH YOU

Field Description	The number of the client's children (under age 18) not living with the client in the household. This question has two parts.  Part A: The total number of client’s children that are not living with the client.  Part B: Of the total number of the client’s children listed in Part A, how many are less than 12 years of age?																	
Valid Entries	##, ##																	
Business Rules	Part B must be less than or equal to Part A																	
File References	TREATMENT MILESTONE																	
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Kids_Elsewhere</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr><tr><td colspan="2"></td></tr><tr><td>Name:</td><td>Kids_Elsewhere_Under_12</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr></table>			DASA Database (SQL)	Name:	Kids_Elsewhere	Length:	2	Type:	Tinyint, null			Name:	Kids_Elsewhere_Under_12	Length:	2	Type:	Tinyint, null
DASA Database (SQL)	Name:	Kids_Elsewhere																
	Length:	2																
	Type:	Tinyint, null																
	Name:	Kids_Elsewhere_Under_12																
	Length:	2																
Type:	Tinyint, null																	
Data Element History	---																	

## CHILDREN, YOURS, WITH YOU

Field Description	The number of the client's children (under age 18) living with the client in the household. This question has two parts.  Part A: The total number of client's children that are living with the client.  Part B: Of the total number of the client's children listed in Part A, how many are less than 12 years of age?																	
Valid Entries	##, ##																	
Business Rules	Must equal at least 1 less than total Persons in Household.  [Children, Not Your, With You] + [Children, Yours, With You] must be greater than 0 if Living Arrangement = Children Alone  Added together with Others' Children Living With You must equal at least 1 less than total Persons in Household.  Part B must be less than or equal to Part A																	
File References	TREATMENT MILESTONE																	
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Kids_At_Home</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr><tr><td colspan="2"> </td></tr><tr><td>Name:</td><td>Kids_At_Home_Under_12</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr></table>			DASA Database (SQL)	Name:	Kids_At_Home	Length:	2	Type:	Tinyint, null			Name:	Kids_At_Home_Under_12	Length:	2	Type:	Tinyint, null
DASA Database (SQL)	Name:	Kids_At_Home																
	Length:	2																
	Type:	Tinyint, null																
	Name:	Kids_At_Home_Under_12																
	Length:	2																
Type:	Tinyint, null																	
Data Element History	---																	

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## CITY

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Field Description	Indicates the client's current city of residence.  Use the city of the agency if the client is transient, resides outside of the United States or if the zip code is unknown.		
Valid Entries	Text		
Business Rules	Required field		
File References	CLIENT_ADDRESS		
Field Information	DASA Database (SQL)	Name: Length: Type:	City 30 Varchar, null
Data Element History	---		

## CLIENT IDENTIFIER, GUID

Field Description	<p>The Client Identifier is created automatically by the TARGET system when a Client Master is established for a new client. Also called GUID.</p> <p>The GUID, short for Global Unique Identifier, consists of 32 hexadecimal digits interspaced with a few hyphens for readability. The total field length, with hyphens, is 36 characters.</p> <p>The client name is only used with the CLIENT_MASTER table. In all other tables within TARGET the client is identified by the Client Identifier.</p>		
Valid Entries	<p>Determined by the Client Master function.</p> <p>XXXXXXXX-XXXX-XXXX-XXXX-XXXXXXXXXXXX</p>		
Business Rules	<p>Required field, system generated</p>		
File References	<div>ADATSA_EXCEPTIONCURRENT_LEGAL_ISSUE</div> <div>ADMISSIONDEPARTAMENTAL_COLLABORATION</div> <div>ADMISSION_ENTRY_REFERRALDISABILITY_MILESTONE</div> <div>ASI MILESTONEDISCHARGE</div> <div>ASSESSMENTDISCHARGE_REFERRAL</div> <div>ASSESSMENT_ENTRY_REFERRALGROUP_ROSTER</div> <div>ASSESSMENT_FORWARD_REFERRALINTERVAL_INFO</div> <div>CASE_PLANPREGNANCY_OUTCOME</div> <div>CLIENT TRIBEPREVIOUS_ARREST</div> <div>CLIENT_ADDRESSRELATIONSHIP_PROBLEM</div> <div>CLIENT_MASTERSERVICE_FUNDING</div> <div>CLIENT_PHONE</div> <div>CLIENT_RACESPECIAL_ASSESSMENT</div> <div>CLIENT_REGISTRYSUBSTANCE_USED</div> <div>CLIENT_SUPPORT_ACTIVITYTREATMENT_ACTIVITY</div> <div>CROSSWALKTREATMENT_MILESTONE</div>		
Field Information	<div><div>DASA Database (SQL)</div><div>Name: Client_Identifier</div><div>Length: 36</div><div>Type: Uniqueidentifier, not null</div></div> <div><div>(SQL)</div><div>File: crosswalk</div><div>Name: Client_ID</div><div>Length: 36</div><div>Type: Uniqueidentifier, not null</div></div>		
Data Element History	---		

## **CLIENT NAME**

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<b>Field Description</b>	Client's full name. Used on the forms and screens for convenience and clarification for counselors and data entry personnel.  Client name in Target is stored in the CLIENT_MASTER table as Client_Name_Last, Client_Name_First and Client_Name_Middle
<b>Valid Entries</b>	N/A
<b>Business Rules</b>	None
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---



## CLIENT REGISTRY EXPIRATION

<b>Field Description</b>	Indicates the date that the client refused, permitted or revoked their participation in the registry release.		
<b>Valid Entries</b>	dd/mm/yyyy		
<b>Business Rules</b>	Must be less than today's date. Required if Client Registry Participation is not null		
<b>File References</b>	CLIENT_REGISTRY		
<b>Field Information</b>	DASA Database (SQL)	Name: Expiration_Date Length: 16 Type: Datetime, null	
<b>Data Element History</b>	---		

## CLIENT REGISTRY PARTICIPATION

<b>Field Description</b>	Indicates if the client has signed a release to permit information to be displayed in the DSHS client registry.		
<b>Valid Entries</b>	<u>Registry Participation</u>	<u>Target Code</u>	
	Permitted	1	
	Refused	2	
	Revoked	3	
<b>Business Rules</b>	A record is only created if a selection is made. This is a required field if Status Date is entered.		
<b>File References</b>	CLIENT_REGISTRY CLIENT_REGISTRY_STATUS_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Client_Registry_Status_ID Length: 1 Type: Tinyint, not null  Name: Client_Registry_Status_Desc Length: 60 Type: Varchar, null	
<b>Data Element History</b>	---		

## CLOSURE DATE (ADATSA ASSESSMENT)

<b>Field Description</b>	<p>Indicates the date the ADATSA assessment is closed. The client's case monitor enters this date when the client has completed all ADATSA treatment.</p> <p>Non-ADATSA assessments are closed automatically at [Assessment Date/Time] + [Assessment Duration].</p>		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Required Field</p> <p>Closure Date cannot be greater than today's date.</p> <p>Closure time is recorded as 11:59:59 PM on the Closure Date</p>		
<b>File References</b>	ASSESSMENT		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Closure_Date</p> <p>Length:16</p> <p>Type: Datetime, null</p>	
<b>Data Element History</b>	<p>The following business rules were removed when the use of case plans was inactivated: 1/1/03</p> <p>Cannot enter closure date until all corresponding case plan records have been completed. Case Plan records are completed if they meet one of the criteria:</p> <ol style="list-style-type: none"> <li>1. All admission and discharge records are entered.</li> <li>2. Client Show field = "No"</li> <li>3. Case Plan record has been deleted.</li> </ol>		

## COMPLIANT WITH TREATMENT

<b>Field Description</b>	Indicates if the client has essentially been compliant with the treatment goals of the program.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Code</u>	
	Yes	1	
	No	0	
	Unknown	2	
<b>Business Rules</b>			
<b>File References</b>	DISCHARGE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Compliant_Flag  Integer, null
<b>Data Element History</b>	Added "Unknown"		1/30/2005

## CONFLICTS – FAMILY/ENVIRONMENT

<b>Field Description</b>	Indicates how many days in the last 30 that the client has had serious conflicts with family members.		
<b>Valid Entries</b>	Number from 0 through 30		
<b>Business Rules</b>	Default is null		
<b>File References</b>	ASI_ASSESSMENT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Family_Conflict_Count 2 Tinyint, null
<b>Data Element History</b>	---		

## CONSENT TO RELEASE DATE

<b>Field Description</b>	If the client has signed a release of information form with the Department of Corrections then that Consent Date is to be entered on the Target form and in the Target system.		
<b>Valid Entries</b>	mm/dd/yyyy		
<b>Business Rules</b>	Required Field Must be less than or equal to the current date.		
<b>File References</b>	DEPARTMENTAL_COLLABORATION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	DOC_Consent_Date 8 datetime, null
<b>Data Element History</b>	Added 7/1/05		

## CONTRACT TYPE (SUPPORT)

Field Description	Indicates the contract type for support activities.		
<b>Valid Entries</b>	Form		
	<u>Code</u>	<u>Contract Type</u>	<u>Target Code</u>
	1	ADATSA	1
	2	Adult Outpatient	19
	20	ATR - Access to Recovery	22
	3	CDDA (COMM)	15
	4	CDDA (LS)	11
	5	Division of Children & Family Services	3
	6	DOC – COM	2
	7	DOC – Jail	6
	8	Drug Court	12
	9	Gov2Gov (Non XIX)	4
	10	Indian Health Service (IHS)	5
	19	Molina - Managed Care	23
	11	Other/None	8
	12	Pregnant/Parenting	9
	13	Structured Youth Residential Services	10
	14	SSI	20
	15	TANF (ESA)	16
	16	TASC (PSEA)	13
	17	Tribe MOA (Title XIX)	17
	21	WASBIRT	21
	18	Youth Treatment	18
		Low Income Indigent [ <i>Inactive 11/15/01</i> ]	7
<b>Business Rules</b>	Required Field		

## CONTRACT TYPE (SUPPORT)

<b>File References</b>	CLIENT_SUPPORT_ACTIVITY FACILITY_SUPPORT_ACTIVITY CONTRACT_TYPE_LUT MODALITY_CONTRACT_FUNDING		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Contract_Type_ID 2 Tinyint, null
<b>Data Element History</b>	Inactivated Low Income Indigent Added WASBIRT contract type Added ATR and Molina contract types		11/15/01 4/1/2004 1/1/2005



## CO-OCCURRING DISORDER

<b>Field Description</b>	Mark the appropriate response <b>if</b> your agency has a <b><u>co-occurring disorder contract</u></b> and is providing mental health and chemical dependency services to this client.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Code</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	SERVICE_FUNDING		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Co_occurring_disorder  Tinyint, null
<b>Data Element History</b>	---		

## COUNTY, AGENCY

Field Description	The county where the agency is located.			
Valid Entries	County	Target Code	County	Target Code
	Adams	01	Lewis	21
	Asotin	02	Lincoln	22
	Benton	03	Mason	23
	Chelan	04	Okanogan	24
	Clallam	05	Pacific	25
	Clark	06	Pend Oreille	26
	Columbia	07	Pierce	27
	Cowlitz	08	San Juan	28
	Douglas	09	Skagit	29
	Ferry	10	Skamania	30
	Franklin	11	Snohomish	31
	Garfield	12	Spokane	32
	Grant	13	Stevens	33
	Grays Harbor	14	Thurston	34
	Island	15	Wahkiakum	35
	Jefferson	16	Walla Walla	36
	King	17	Whatcom	37
	Kitsap	18	Whitman	38
	Kittitas	19	Yakima	39
	Klickitat	20	Out of state	40
			Dept. of Corrections	45
Business Rules	Required Field.			
File References	FACILITY			
Field Information	DASA Database (SQL)	Name: Length: Type:	Facility_County_ID 2 Character, not null	
Data Element History				

## COUNTY, GOVERNING

<b>Field Description</b>	Indicates the county funding the treatment. This field defaults to the facility county. Change this field if contracting with another county to provide service. See the "County, Agency" data element for a complete county list.		
<b>Valid Entries</b>	See "County, Agency" data element.		
<b>Business Rules</b>	Required Field		
<b>File References</b>	SERVICE_FUNDING CLIENT_SUPPORT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Governing_County_ID 2 Character, null
<b>Data Element History</b>	---		

## COUNTY, RESIDENCE

Field Description	Indicates the county where the client currently resides. If the client is transient, use the county of the agency.			
Valid Entries	<u>County</u>	<u>Target_ Code</u>	<u>County</u>	<u>Target_ Code</u>
	Adams	01	Lewis	21
	Asotin	02	Lincoln	22
	Benton	03	Mason	23
	Chelan	04	Okanogan	24
	Clallam	05	Pacific	25
	Clark	06	Pend Oreille	26
	Columbia	07	Pierce	27
	Cowlitz	08	San Juan	28
	Douglas	09	Skagit	29
	Ferry	10	Skamania	30
	Franklin	11	Snohomish	31
	Garfield	12	Spokane	32
	Grant	13	Stevens	33
	Grays Harbor	14	Thurston	34
	Island	15	Wahkiakum	35
	Jefferson	16	Walla Walla	36
	King	17	Whatcom	37
	Kitsap	18	Whitman	38
	Kittitas	19	Yakima	39
	Klickitat	20	Out of state	40
			Dept. of Corrections	45
Business Rules	Required Field Defaults to the county set up in Agency Defaults if one is present.			
File References	AGENCY_PREFERENCES      SPECIAL_PROJECT_LUT CLIENT_ADDRESS      COUNTY			
Field Information	DASA Database      Name:      County_ID (SQL)      Length:      2 Type:      Character, null			
Data Element History	---			

## COURT ORDERED

<b>Field Description</b>	<p>This refers to a client that is under Department of Corrections (DOC) supervision. Examples of this would be clients who are under a work release program, are currently incarcerated or under other DOC community supervision.</p> <p>If the client indicates that they are under DOC supervision then the treatment agency needs to contact the DOC Hotline (currently 360-586-6358) to obtain the information for the Consent to Release and Statutory Max fields.</p> <p>This field does not refer to Drug Court clients</p>		
<b>Valid Entries</b>	<p><u>Choice</u></p> <p>Yes</p> <p>No</p> <p>Not Collected</p>	<p><u>Target Code</u></p> <p>1</p> <p>0</p> <p>2</p>	
<b>Business Rules</b>	<p>Required Field</p> <p>Not Collected will not be displayed for all records with a milestone date less than 6/30/05.</p>		
<b>File References</b>	DEPARTMENTAL_COLLABORATION		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Court_Ordered</p> <p>Length: 1</p> <p>Type: tiny int, null</p>	
<b>Data Element History</b>	Added		7/1/05

## CSO REFERRAL DATE

Field Description	Indicates the date the client was referred for Assessment by the Community Service Office, or Home and Community Service Office.		
Valid Entries	Format: mm/dd/yyyy		
Business Rules	Required field if Referring CSO is filled in. Date must be greater than 01/01/1989 and cannot be after the Assessment date.		
File References	ASSESSMENT		
Field Information	DASA Database (SQL)	Name: Length: Type:	CSO_Referral_Date 10 Datetime, null
Data Element History	---		

## CURRENT LEGAL INVOLVEMENT

Field Description	Indicates if the client is currently involved with the criminal justice system. Check all that apply.	
<b>Valid Entries</b>	<u>Current Legal Involvement</u>	<u>Target Code</u>
	Awaiting Charges	2
	Indicates that the client is involved with the criminal justice system and either charges are suspended pending client treatment or charges are awaiting legal review.	
	Awaiting Trial	1
	Indicates if the client is currently involved with the criminal justice system and awaiting trial for a non-specified offence.	
	Child Custody Issue	13
	Indicates that the client is involved with a case for custody of one or more of their children	
	Convicted Awaiting Sentence	4
	Indicates if the client is currently involved with the criminal justice system convicted and awaiting sentence.	
	CPS Court Involved	14
	Client is involved with the Child Protective Services portion of the criminal justice system.	
	Diversion	15
	[Youth] Local courts may divert certain charges such as Minor In Possession (MIP) and require youth to attend assessment and drug/alcohol education services.	
	Drug Court – Adult	12
	Client was referred from a county designated court and has opted for treatment services instead of incarceration.	
	Drug Court – Juvenile	11
	Client was referred from a county designated court and has opted for treatment services instead of incarceration.	
	In DUI Deferred Prosecution Status	9
	Indicates if the client has currently been granted Deferred Prosecution for a Driving Under the Influence offense.	

## CURRENT LEGAL INVOLVEMENT

<b>Valid Entries continued</b>	In Other Supervised Program	10
	Indicates if the client is currently participating in a program supervised by a criminal-justice-related agency that: was designed to monitor drug use or criminal behavior (urine monitoring, electronic monitoring); or offered treatment in lieu of arrest, indictment, prosecution, or final sentencing. Do not include criminal justice programs for persons on probation or parole. Do not include Child Protective Services unless prosecuted for child abuse and a court ordered a supervised-type program.	
	Incarcerated Post-Conviction	6
	Indicates if the client is currently incarcerated due to a criminal justice system conviction.	
	Incarcerated Pre-Trial	5
	Indicates if the client is currently incarcerated prior to a criminal justice system trial.	
	None	16
	On Probation or Parole	7
	Indicates if the client is currently on probation or parole through the criminal justice system.	
	On Trial	3
	Indicates if the client is currently on trial in the criminal justice system.	
	Petitioning for DUI Deferred Prosecution	8
	Indicates whether the client is petitioning for deferred prosecution.	
	Not Collected [ <i>Inactive 6/1/93</i> ]	18



## CURRENT LEGAL INVOLVEMENT

<b>Business Rules</b>	Required Field  Cannot select any other values if None or Not Collected is selected.		
<b>File References</b>	CURRENT_LEGAL_ISSUE LEGAL_ISSUE_LUT		
<b>Field Information</b>	DASA Database (SQL)   (Look-up table only)	Name: Length: Type:	Legal_Issue_Type_ID 2 Tinyint, null   Legal_Issue_Desc 75 Varchar, null
<b>Data Element History</b>	Inactivated Not Collected <span style="float: right;">6/1/93</span>		

## CURRENT PSYCHIATRIC EVALUATION

Field Description	Indicates the outcome of the client's most recent psychiatric evaluation or current need for evaluation.		
Valid Entries	<u>Psychiatric Evaluation</u>		<u>Target Code</u>
	No Evaluation Made		2
	Problem Indicated, Referral Made		3
	Psychiatric Evaluation Made, No Problem Found		4
	Psychiatric Evaluation Made, Problem Diagnosed		5
	Re-Evaluation Needed		1
	Not Collected [ <i>Inactive 6/1/93</i> ]		6
Business Rules	None		
File References	TREATMENT_MILESTONE PSYCH_EVALUATION_STATUS_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Psych_Eval_Status_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Psych_Eval_Status_Desc 60 Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## CURRENT PSYCHIATRIC MEDICATION

<b>Field Description</b>	Indicates if the client is currently taking prescribed psychiatric medication. Include only those medications that were legally prescribed for acute or chronic mental health disorders.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Code</u>	
	Yes	1	
	No (default)	0	
	Unknown	2	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:4 Type:	Takes_Psych_Meds  Int, null
<b>Data Element History</b>	Changed value of "Unknown" from -1 to 2.		1/30/2005

## CURRENT STAGE OF USE

<b>Field Description</b>	Indicates the diagnostic impression of the client's level of substance abuse by a qualified staff		
<b>Valid Entries</b>	<u>Stage of Use</u> Chemically Dependent (Addicted) Abuse Experimental Use No Significant Problem In Recovery	<u>Target Code</u> 2 1 3 0 4	
<b>Business Rules</b>	Required Field Cannot be No Significant Problem for an Admission.		
<b>File References</b>	TREATMENT_MILESTONE STAGE_OF_USE_LUT		
<b>Field Information</b>	DASA Database (SQL)  (Look-up table only)	Name: Stage_ID Length: 1 Type: Tinyint, null  Name: Stage_Desc Length: 35 Type: Varchar, null	
<b>Data Element History</b>	Added "In Recovery" <span style="float: right;">1/1/03</span>		

## CURRENTLY RECEIVING MENTAL HEALTH SERVICES

<b>Field Description</b>	Indicates if the client is currently receiving mental health services. This includes both residential and outpatient services by an identified mental health service agent.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Code</u>	
	Yes	1	
	No	0	
	In Need	2	
<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Receiving_Mental_Care 1 Tinyint, null
<b>Data Element History</b>	Changed value of "No" from 2 to 0		1/30/2005
	Changed value of "In Need" from 3 to 2		1/30/2005

## CURRENTLY SMOKE CIGARETTES

<b>Field Description</b>	Indicates if the client currently smokes tobacco cigarettes.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Smoke_Cigarettes 1 Tinyint, null
<b>Data Element History</b>	---		

## DATE LAST USED

<b>Field Description</b>	Date that client last used a specific substance.		
<b>Valid Entries</b>	mm/dd/yyyy		
<b>Business Rules</b>	<p>Required field if any substance other than “No Substance Abuse” is selected</p> <p>Must be less than the milestone date</p> <p>Date Last Used must be greater than the client’s date of birth plus Age of First Use</p>		
<b>File References</b>	SUBSTANCE_USED		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Date_Last_Used</p> <p>Length: 10</p> <p>Type: Datetime, null</p>	
<b>Data Element History</b>	---		

## **DAYS EMPLOYED**

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<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having been employed for pay. (Include “under the table” work, paid sick and vacation days).		
<b>Valid Entries</b>	##		
<b>Business Rules</b>	Cannot exceed 30 days.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	Days_Employed  Tinyint, null
<b>Data Element History</b>	---		



## DAYS HOSPITALIZED FOR MENTAL TREATMENT

Field Description	Indicates the total number of days the client has received some portion of their treatment for a mental health condition as an inpatient in a psychiatric or general hospital. <ul style="list-style-type: none"><li>▪ If you are processing an assessment or admission consider the past one year period.</li><li>▪ For discharge consider the time period since admission.</li></ul>									
Valid Entries	###									
Business Rules	Required field if Previous Mental Health Treatment equals Hospitalization									
File References	TREATMENT_MILESTONE									
Field Information	<table><tr><td>DASA Database</td><td>Name:</td><td>Mental_Hospital_Days</td></tr><tr><td>(SQL)</td><td>Length:</td><td>3</td></tr><tr><td></td><td>Type:</td><td>Integer, null</td></tr></table>	DASA Database	Name:	Mental_Hospital_Days	(SQL)	Length:	3		Type:	Integer, null
DASA Database	Name:	Mental_Hospital_Days								
(SQL)	Length:	3								
	Type:	Integer, null								
Data Element History	---									

## DEFAULT - CITY

<b>Field Description</b>	The city name the provider sets as a system default in the Agency Defaults screen. This city will appear on the data entry screens where city is required.		
<b>Valid Entries</b>	Text		
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Default_City 35 Varchar, null
<b>Data Element History</b>	---		

## DEFAULT - FEE STATUS

<b>Field Description</b>	Indicates the default fee status for clients entered by this agency. The selected fee status will appear on the data entry screens where fee status is required, unless changed through the agency setup utility.		
<b>Valid Entries</b>	<u>Fee Status</u> No Fee Full payment made by public funds/client pays nothing Full Fee Full payment made by client and/or their insurance Partial Fee Partial payment made by public funds and partial payment from other funds	<u>Target Codes</u> 1 2 3	
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES PRIVATE_FEE_STATUS_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Private_Fee_Status_ID Length: 1 Type: Tinyint, null	
<b>Data Element History</b>	---		

## **DEFAULT – MEETING DAY (GROUP ACTIVITY)**

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Field Description	Indicates the default meeting day for a particular group. This field is only used as a display on the Create Group search screen.		
Valid Entries	Blank or Day of week		
Business Rules	None		
File References	GROUP_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Default_Meeting_Day 50 Varchar, null
Data Element History	---		

## **DEFAULT – MEETING TIME (GROUP ACTIVITY)**

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<b>Field Description</b>	Indicates the default meeting time for a particular group		
<b>Valid Entries</b>	hh:mm AM/PM		
<b>Business Rules</b>	None		
<b>File References</b>	GROUP_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Default_Meeting_Time 11 Varchar, null
<b>Data Element History</b>	---		

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## DEFAULT – MODALITY/ CONTRACT/ FUND SOURCE

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<b>Field Description</b>	Identifies the default Modality/Contract/Fund Source selected by the agency. This default value will appear on the system where financial information is required. The default value can be changed in the Agency Defaults utility.  The list that appears in the Agency Defaults is based on what services the agency is contracted to offer.
<b>Valid Entries</b>	Any selection from the available list is valid  See Modality/Contract/Fund Source for a list of Modalities, Contracts and Fund Sources.
<b>Business Rules</b>	None
<b>File References</b>	AGENCY_PREFERENCES
<b>Field Information</b>	<div style="display: flex; justify-content: space-between;"> <div>DASA Database (SQL)</div> <div> Name: MCF_ID  Length: 4  Type: Int, null </div> </div>
<b>Data Element History</b>	---

## DEFAULT – STAFF (GROUP ACTIVITY)

<b>Field Description</b>	Indicates the default Staff ID for a particular group		
<b>Valid Entries</b>	Staff ID from the list of currently active staff members. Alphanumeric field from 1 to 5 characters in length.		
<b>Business Rules</b>	None		
<b>File References</b>	GROUP_LUT FACILITY_STAFF		
<b>Field Information</b>	DASA Database (SQL)	Name: Default_Staff_ID Length: 5 Type: Varchar, null  File: FACILITY_STAFF Name: Staff_ID Length: 5 Type: Varchar, not null	
<b>Data Element History</b>	---		

## DEFAULT - TITLE XIX

<b>Field Description</b>	The default Title XIX status. This Title XIX status will appear on the data entry screens where title XIX is required, unless changed through the Agency Defaults utility.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Title_XIX 1 Tinyint, null
<b>Data Element History</b>	---		



## DEFAULT - ZIP CODE

<b>Field Description</b>	Identifies the default zip code. This zip code will appear on the data entry screens where zip code is required, unless changed through the Agency Defaults utility.		
<b>Valid Entries</b>	##### - #####		
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Default_Zip_Code 10 Varchar, null
<b>Data Element History</b>	---		

## DISABILITY

Field Description	Indicates if the client has a long term, major limiting disability (other than through transitory effects of alcohol or drugs). This includes any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment.		
Valid Entries	<u>Disability</u>	<u>Target Codes</u>	
	Cognitive Impairment	8	
	Developmental	10	
	Hearing	2	
	Learning	6	
	Mental/Psychological	3	
	Mobility	5	
	None	1	
	Other	4	
	Speech Impaired	7	
	Vision	9	
	Not Collected [ <i>Inactive 6/1/93</i> ]	11	
Business Rules	Required Field Cannot select another option if None or Not Collected is selected		
File References	DISABILITY_MILESTONE DISABILITY_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length:2 Type:	Disability_Type_ID  Tinyint, null
	(Look-up table only)	Name: Length:35 Type:	Disability_Desc  Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## DISCHARGE DATE/TIME

<b>Field Description</b>	<p>The date and time at which a client 's involvement with a treatment program is terminated.</p> <p>If discharge type is “no contract abort” use the last date service was provided as discharge date.</p>		
<b>Valid Entries</b>	<p>Format: mm/dd/yyyy</p> <p>hh:mm AM/PM (12-hour format)</p>		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be greater than admission date plus date and duration of last activity.</p> <p>Cannot be greater than today's date and time.</p> <p>If entering the discharge for a Detox session, the discharge date can not be greater than 10 days after the admission date.</p> <p>Once discharge record is saved, discharge date/time cannot be modified.</p> <p>Deleting the record and re-entering the discharge is the only way to change this field.</p>		
<b>File References</b>	<p>DISCHARGE</p> <p>DISCHARGE_REFERRAL</p>		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Discharge_DateTime</p> <p>Length: 16</p> <p>Type: Datetime, not null</p>	
<b>Data Element History</b>	---		

## DISCHARGE OR ASSESSMENT CLOSURE TYPE

Field Description	Indicates the primary reason the client is being discharged from treatment, or for ADATSA assessments, the reason for assessment closure.	
<b>Valid Entries</b>	<u>Type</u>	<u>Target Code</u>
	Charitable Choice The client chose to enter treatment at another treatment facility due to religious or moral convictions	16
	Client Died The client died while in treatment, or died within 30 days of the service contact, and no other form of discharge had been initiated prior to death. If an individual died after any of the other discharge types were initiated, the category of the originally initiated discharge type should be reported.	3
	Completed Treatment Services at this ASAM level of care have been completed	2
	Funds Exhausted Terminate or transfer of treatment services due the lack of funds.	5
	Inappropriate Admission A termination of treatment or change in the client's level of care (level of care does not meet client's needs)	6
	Incarcerated Treatment was terminated because the client was in jail or prison for more than 30 days and there was no treatment service provided for that period of time.	10
	Moved * Client moved from the area in which current treatment is located	14
	No Contact/Abort * Clients who have no contact or abort treatment with the provider, as established within agreed upon treatment plan.	8
	Not Amenable to Treatment/Lacks Engagement * A clinical decision is made to discharge the client when all other therapeutic approaches have been exhausted and the client continues to not be engaged in treatment.	13

## DISCHARGE OR CLOSURE TYPE

Valid Entries (Continued)	<u>Type</u>	<u>Target Code</u>
	<p>Rule Violation/Non-compliance</p> <p>A termination of treatment services that is initiated by the provider in response to a client's continued violation of the agency's established rules.</p>	9
	<p>Transferred to Different Facility</p> <p>Indicates either a transfer or a change in the ASAM level of care by the provider.</p>	4
	<p>Withdraw Against Program Advice</p> <p>A termination of treatment initiated by the client, without the provider's concurrence.</p>	1
	<p>Withdraw With Program Advice</p> <p>A termination of treatment services that is initiated by the provider in response to a client's inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.)</p>	11
	Not Collected [ <i>Inactive 6/1/93</i> ]	15
	Administrative Discharge [ <i>Inactive 7/1/01</i> ]	12
	Other [ <i>Inactive 11/15/01</i> ]	7
	Completed ADATSA Treatment [ <i>Inactive</i> ]	-
	No Longer Financially Eligible [ <i>Inactive</i> ]	-
	Not Eligible [ <i>Inactive</i> ]	-
	* Indicates a Discharge type that is not valid for Detox Short form	

## DISCHARGE OR CLOSURE TYPE

<p><b>Business Rules</b></p>	<p>Required Field</p> <p>If Discharge Type equals Client Died then a warning message appears stating that the Regional Administrator needs to be notified with an incident report.</p> <p>Categories for Calculation of Percentage of Treatment Completed vs. Not Completed:</p> <table> <tr> <td>Treatment Completed</td><td>Completed Treatment</td></tr> <tr> <td>Treatment Not Completed</td><td> Inappropriate Admission  Incarcerated  No contact/ Abort  Not Amenable to Treatment/ Lacks Engagement  Rule Violation  Withdrew Against Program Advice  Withdrew With Program Advice </td></tr> <tr> <td>Is not included in Completion rate calculations</td><td> Charitable Choice  Client Died  Funds Exhausted  Transfer to Different Facility  Moved </td></tr> </table> <p>The treatment completion percentage is calculated by dividing the Treatment Completed Totals by the sum of the Treatment Completed and Treatment Not Completed Totals</p>	Treatment Completed	Completed Treatment	Treatment Not Completed	Inappropriate Admission Incarcerated No contact/ Abort Not Amenable to Treatment/ Lacks Engagement Rule Violation Withdrew Against Program Advice Withdrew With Program Advice	Is not included in Completion rate calculations	Charitable Choice Client Died Funds Exhausted Transfer to Different Facility Moved
Treatment Completed	Completed Treatment						
Treatment Not Completed	Inappropriate Admission Incarcerated No contact/ Abort Not Amenable to Treatment/ Lacks Engagement Rule Violation Withdrew Against Program Advice Withdrew With Program Advice						
Is not included in Completion rate calculations	Charitable Choice Client Died Funds Exhausted Transfer to Different Facility Moved						

## DISCHARGE OR CLOSURE TYPE

<b>File References</b>	DISCHARGE ASSESSMENT DISCHARGE_TYPE_LUT		
<b>Field Information</b>	DASA Database DISCHARGE DISCHARGE_TYPE_LUT	Name: Length: Type:	Discharge_Type_ID 2 Tinyint, null
	ASSESSMENT	Name: Length: Type:	ADATSA_Closure_Type_ID 2 Tinyint, null
<b>Data Element History</b>	Inactivated Not Collected 6/1/93 Inactivated Administrative Discharge 11/15/01 Inactivated Other 11/15/01 Inactivated Completed ADATSA Treatment Inactivated No Longer Financially Eligible Inactivated Not Eligible Added Charitable Choice 5/11/05		

## DISCHARGE UPDATE FLAG

<b>Field Description</b>	Indicates if the complete Discharge record has been updated with the client's current information. Box should be checked if this is true.		
<b>Valid Entries</b>	<u>Choices</u> Checked = Yes Unchecked = No	<u>Target Codes</u> 1 Null	
<b>Business Rules</b>	Defaulted to Unchecked		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Copy_Update_Flag 1 Tinyint, null
<b>Data Element History</b>	---		



## DISPLAYS ON ADMISSION

Field Description	Indicates which Entry Referral types are displayed in an Admission.		
Valid Entries	The Target database administrator updates this field.		
	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
Business Rules	None		
File References	ENTRY_REFERRAL_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Displays_On_Admission 1 Tinyint, null
Data Element History	Changed value of “No” from Null to 0		1/30/2005

## DISPLAYS ON ASSESSMENT

Field Description	Indicates which Entry Referral types are displayed in an Assessment.		
Valid Entries	The Target database administrator updates this field.		
	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
Business Rules	None		
File References	ENTRY_REFERRAL_LUT		
Field Information	DASA Database (SQL)	Name: Displays_On_Assessment Length: 1 Type: Tinyint, null	
Data Element History	Changed value of “No” from Null to 0		1/30/2005

## DISPLAYS ON CLIENT ACTIVITY

Field Description	Indicates which Support Activity types are displayed in a Client Support Activity.		
Valid Entries	The Target database administrator updates this field.		
	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
Business Rules	None		
File References	SUPPORT_ACTIVITY_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Displays_On_Client_Activity 1 Tinyint, null
Data Element History	---		

## DISPLAYS ON FACILITY ACTIVITY

Field Description	Indicates which Support Activity types are displayed in an Agency Support Activity.		
Valid Entries	The Target database administrator updates this field.		
	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
Business Rules	None		
File References	SUPPORT_ACTIVITY_TYPE		
Field Information	DASA Database (SQL)	Name: Length: Type:	Displays_On_Facility_Activity 1 Tinyint, null

## DOMESTIC VIOLENCE, CURRENT VICTIM

<b>Field Description</b>	Indicates if the client is a current victim of domestic violence (within the last the last 30 days). This includes: physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault between family or household members; or sexual assault of one family or household member by another.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
	Uncertain	2	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Curr_Domestic_Violence 1 Int, null
<b>Data Element History</b>	Changed value of "Uncertain" from -1 to 2		1/30/2005

## DOMESTIC VIOLENCE, EVER BEEN VICTIM

<b>Field Description</b>	Indicates if the client has ever been a victim of domestic violence.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
	Uncertain	2	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Past_Domestic_Violence 1 Int, null
<b>Data Element History</b>	Changed value of "Uncertain" from -1 to 2		1/30/2005

## DRIVERS LICENSE

<b>Field Description</b>	Indicates if the client has a currently valid Drivers License.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Valid_Drivers_License  Tinyint, null
<b>Data Element History</b>	Corrected Data Dictionary to reflect 0 as correct value for "No"		1/30/2005

## DRUG EXPENSES

<b>Field Description</b>	Indicates how much money the client reports having spent in the past thirty days on drugs that were misused. (Round to the nearest whole dollar).		
<b>Valid Entries</b>	####		
<b>Business Rules</b>	Rounds to the nearest whole dollar. Do not include the dollar sign (\$) or commas.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:4 Type:	Drug_expense_amount  Money, null
<b>Data Element History</b>	---		



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## **DRUG OF CHOICE**

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<b>Field Description</b>	Clinical note that indicates the client's drug of choice.
<b>Valid Entries</b>	Not collected in TARGET
<b>Business Rules</b>	N/A
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---

## DRUG PROBLEMS

<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having experienced drug problems.		
<b>Valid Entries</b>	##		
<b>Business Rules</b>	Cannot be greater than 30.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	Drug_Prob_Days  Tinyint, null
<b>Data Element History</b>	---		

## DRUG PROBLEMS - ENVIRONMENT

<b>Field Description</b>	Indicates if anyone in the client's immediate family or current living situation has a problem with drugs other than alcohol or tobacco.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Family_Drug_Prob  Tinyint, null
<b>Data Element History</b>	---		

## DUE TO RELAPSE

<b>Field Description</b>	Indicates if the client left treatment due to a relapse.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
	Unknown	2	
<b>Business Rules</b>	None		
<b>File References</b>	DISCHARGE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Relapsed 1 Integer, null
<b>Data Element History</b>	Changed value of "Unknown" from -1 to 2		1/30/2005

## DURATION HOURS/MINUTES

Field Description	Indicates number of hours and minutes used in performance of an Assessment, Admission or activity.																	
Valid Entries	Hours: ## from 0 through 5 Minutes: ## from 0 through 59																	
Business Rules	Required Field  Duration Hours plus Duration Minutes cannot be greater than 5 hours and 0 minutes for Assessment or Admission.																	
File References	ADMISSION ASSESSMENT TREATMENT_ACTIVITY CLIENT_SUPPORT_ACTIVITY																	
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Duration_Hours</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Integer, null</td></tr><tr><td colspan="2"> </td></tr><tr><td>Name:</td><td>Duration_Minutes</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Integer, null</td></tr></table>			DASA Database (SQL)	Name:	Duration_Hours	Length:	2	Type:	Integer, null			Name:	Duration_Minutes	Length:	2	Type:	Integer, null
DASA Database (SQL)	Name:	Duration_Hours																
	Length:	2																
	Type:	Integer, null																
	Name:	Duration_Minutes																
	Length:	2																
Type:	Integer, null																	
Data Element History	---																	

## **EMERGENCY TELEPHONE NUMBER**

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<b>Field Description</b>	Indicates an emergency contact number for the client.
<b>Valid Entries</b>	Not entered into the TARGET database.
<b>Business Rules</b>	None
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---

## EMPLOYMENT ACTIVITY

<b>Field Description</b>	<p>Indicates the client's current employment or primary daily activity.</p> <p>Employed persons who worked for someone else; were self-employed at a business, farm, or professional practice; or who did unpaid work in a family business or farm. Include persons who were absent from a job or business due to illness, vacation, strike, or bad weather if they were expected to return to work when the condition no longer existed. Freelance workers are considered employed if they had an arrangement with one or more employers to work for pay according to a weekly or monthly schedule, either full time or part time. Exclude persons receiving revenue for an enterprise but not participating in its operation. The work must be within a legitimate enterprise. Illegal aliens working at otherwise legitimate jobs are considered employed.</p> <p>Unemployed persons who were not working at a legitimate job or business. Include persons doing housework (exclude homemakers) or charity work for which they received no pay and seasonal workers during the portion of the year they were not working. Persons whose income was exclusively from stipends, welfare payments, and other untaxed sources are considered unemployed unless payments were conditional upon the performance of work.</p>										
<b>Valid Entries</b>	<table> <thead> <tr> <th data-bbox="427 1052 686 1087"><u>Employment Activity</u></th><th data-bbox="1378 1020 1463 1087"><u>Target Code</u></th></tr> </thead> <tbody> <tr> <td data-bbox="427 1104 1330 1367"> Employed full time   Include persons who had a regular job of 35 or more hours per week. Individuals with concurrent part-time jobs that total at least 35 hours of work per week are considered to be employed full time. Self-employed persons and freelance workers must generally engage in procuring and/or performing work 35 hours per week to be counted as having full-time employment. </td><td data-bbox="1411 1104 1430 1136">2</td></tr> <tr> <td data-bbox="427 1392 1265 1514"> Employed part time   Include employed persons who work less than a total of 35 hours per week at one or more jobs. </td><td data-bbox="1411 1392 1430 1423">8</td></tr> <tr> <td data-bbox="427 1539 980 1570"> Employed temporary, on call, or intermittent </td><td data-bbox="1403 1539 1438 1570">11</td></tr> <tr> <td data-bbox="427 1612 1321 1797"> Homemaker   Include persons who do not work at full-time day jobs because of the need or desire to care for a minor child or incapacitated family member, or who can demonstrate that a major portion of their day is spent in managing a multi-person household. </td><td data-bbox="1411 1612 1430 1644">3</td></tr> </tbody> </table>	<u>Employment Activity</u>	<u>Target Code</u>	Employed full time  Include persons who had a regular job of 35 or more hours per week. Individuals with concurrent part-time jobs that total at least 35 hours of work per week are considered to be employed full time. Self-employed persons and freelance workers must generally engage in procuring and/or performing work 35 hours per week to be counted as having full-time employment.	2	Employed part time  Include employed persons who work less than a total of 35 hours per week at one or more jobs.	8	Employed temporary, on call, or intermittent	11	Homemaker  Include persons who do not work at full-time day jobs because of the need or desire to care for a minor child or incapacitated family member, or who can demonstrate that a major portion of their day is spent in managing a multi-person household.	3
<u>Employment Activity</u>	<u>Target Code</u>										
Employed full time  Include persons who had a regular job of 35 or more hours per week. Individuals with concurrent part-time jobs that total at least 35 hours of work per week are considered to be employed full time. Self-employed persons and freelance workers must generally engage in procuring and/or performing work 35 hours per week to be counted as having full-time employment.	2										
Employed part time  Include employed persons who work less than a total of 35 hours per week at one or more jobs.	8										
Employed temporary, on call, or intermittent	11										
Homemaker  Include persons who do not work at full-time day jobs because of the need or desire to care for a minor child or incapacitated family member, or who can demonstrate that a major portion of their day is spent in managing a multi-person household.	3										

## EMPLOYMENT ACTIVITY

Valid Entries (Continued)	<u>Employment Activity</u>	Target <u>Code</u>
	Institutionalized  Include persons, who could not work because they were incarcerated, an inpatient in a hospital, or a person confined to any other institution.	4
	Military  Include persons who were on active duty in the armed forces, including the Coast Guard. Exclude members of the Reserves or National Guard unless activated at the time of data collection.	5
	Not Working Due to Disability.	1
	Retired	9
	Unemployed Not Seeking Work  Include unemployed persons who had not actively sought employment in the last 30 days and who did not fit into any other category.	6
	Unemployed Seeking Work  Include unemployed persons who had actively sought employment in the last 30 days. In order to be actively seeking employment, the person must have made at least one personal telephone or mail contact with an employer during the preceding 30 days or be registered with a recognized employment agency. Include persons who were on lay-off status but with the prospect of rehire.	13
	Not in Work Force	7
	Unknown	12
	Under Age – Not in Workforce	15
	Not Collected [ <i>Inactive 6/1/93</i> ]	14
	Full Time Student [ <i>Inactive 11/15/01</i> ]	10



## EMPLOYMENT ACTIVITY

<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT MILESTONE EMPLOYMENT_ACTIVITY_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Employment_Activity_ID 2 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Employment_Activity_Desc 2 Tinyint, null
<b>Data Element History</b>	Inactivated Not Collected		6/1/93
	Inactivated Full Time Student		11/15/01

## EMPLOYMENT END DATE (STAFF)

<b>Field Description</b>	Indicates the date the staff member was terminated or left employment. No event occurring after an end date can be associated with this staff member.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Must be greater than Employment Start Date</p> <p>TARGET Data Entry operator can add or modify staff information in the Agency Staff screen.</p>		
<b>File References</b>	FACILITY_STAFF		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Employment_End_Date</p> <p>Length: 10</p> <p>Type: Datetime, null</p>	
<b>Data Element History</b>	---		

## EMPLOYMENT INCOME

<b>Field Description</b>	Indicates the amount of money earned in the past thirty days by the client through working a job (net or take-home pay, include “under-the-table” pay).		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Must be a valid number Do not include a dollar sign (\$) or commas.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Employment_Income_Amount Length:8 Type: Money, null	
<b>Data Element History</b>	---		

## **EMPLOYMENT START DATE (STAFF)**

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<b>Field Description</b>	Indicates the date the staff member was hired by the agency. No event occurring before a start date can be associated with this staff member.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	TARGET Data Entry operator can add or modify staff information in the Agency Staff screen.		
<b>File References</b>	FACILITY_STAFF		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Employment_Start_Date 10 Datetime, null
<b>Data Element History</b>	---		

## ENGLISH READING SKILLS

<b>Field Description</b>	Indicates the English reading skills of the client.		
<b>Valid Entries</b>	<u>English Reading Skills</u> Functional (default) - read and understand meaning of English text Interpretive Services Needed Unknown Limited [ <i>Inactive 11/15/01</i> ]	<u>Target_</u> <u>Codes</u>	1 2 3 4
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE ENGLISH_ABILITY_LUT		
<b>Field Information</b>	DASA Database (SQL)  (Look-up table only)  (Look-up table only)	Name: Length: Type:	English_Reading_Ability 1 Tinyint, null  English_Ability_ID Length:1 Tinyint, not null  English_Ability_Desc Length:35 Varchar, null
<b>Data Element History</b>	Inactivated Limited	11/15/01	

## ENGLISH SPEAKING SKILLS

Field Description	Indicates the English speaking skills of the client.		
Valid Entries	<u>English Speaking Skills</u>		<u>Target Codes</u>
	Functional (default)		1
	Interpretive Services Needed		2
	Unknown		3
	Limited [ <i>Inactive 11/15/01</i> ]		4
Business Rules	None		
File References	TREATMENT_MILESTONE ENGLISH_ABILITY_LUT		
Field Information	DASA Database (SQL)	Name: Length:1 Type:	English_Speaking_Ability  Tinyint, null
	DASA Database (SQL)	File: Name: Length:1 Type:	ENGLISH_ABILITY_LUT English_Ability_ID  Tinyint, not null
Data Element History	Inactivated Limited		11/15/01

## ENTRY REFERRAL

Field Description	Indicates all contributing reasons for the referral of the client to treatment. Check all that apply.	
<b>Valid Entries</b>	<u>Entry Referral</u>	<u>Target Code</u>
	ADATSA Assessment Center The client was referred to treatment from an ADATSA Assessment Center.	1
	At Risk Youth (ARY/CHINS) Indicates that a parent has petitioned the Division of Children & Family Services (DCFS) to assist in accessing services such as chemical dependency assessment and treatment. Especially for at-risk, runaway, homeless youth who may be out of the parents control and have need of services.	25
	Attorney An attorney or other legal counsel referred the client to treatment.	24
	BECCA Involved Client referred from the Division of Children & Family Services (DCFS) and is receiving benefits under the BECCA Legislation. Includes At-Risk Youth petitions. Children in Need of Services (CHINS) petitions, Truancy petitions and Parent Initiated Outpatient/Inpatient Treatment.	26
	Court/Probation The client was referred to treatment from court or probation.	9
	DCFS/Child Protective Services The client was referred to treatment from Child Protective Services.	13
	Department of Corrections Indicates whether the client was referred to treatment from the Department of Corrections.	3
	Department of Licensing The client was referred to treatment from the Department of Licensing.	11

## ENTRY REFERRAL

Valid Entries (Continued)	<u>Entry Referral</u>	Target Code
	<p>Detoxification Facility</p> <p style="padding-left: 40px;">The client was referred to treatment from a detoxification facility.</p>	4
	<p>Diversion</p> <p style="padding-left: 40px;">Client accepts referral by local court in order to divert certain charges such as Minor In Possession (MIP).</p>	28
	<p>DSHS Community Service Office</p> <p style="padding-left: 40px;">The client was referred to treatment from a DSHS Community Service Office (CSO) or Home &amp; Community Services (HCS)</p>	10
	<p>Employer/EAP</p> <p style="padding-left: 40px;">The client was referred to treatment from an employer or Employee Assistance Program.</p>	5
	<p>First Steps or PPP Case</p> <p style="padding-left: 40px;">The client was referred to treatment from a First Steps/Maternity Case Manager.</p>	2
	<p>Group Care</p> <p style="padding-left: 40px;">Client participates and was referred from Group Care Enhancement which is a program that provides chemical dependency services in group home settings where these services would otherwise not be provided</p>	27
	<p>Involuntary Commitment</p> <p style="padding-left: 40px;">The client was referred to treatment from an involuntary commitment.</p>	8
	<p>JRA</p> <p style="padding-left: 40px;">Juvenile Rehabilitation Administration</p>	20
	Mental Health Provider	23
	<p>Other Alcohol/Drug Facility</p> <p style="padding-left: 40px;">The client was referred to treatment from another chemical dependency treatment provider.</p>	6
	<p>Other Health Care Provider</p> <p style="padding-left: 40px;">The client was referred to treatment from another health care provider.</p>	7



## ENTRY REFERRAL

Valid Entries (Continued)	<u>Entry Referral</u>	Target <u>Code</u>
	<p>Police</p> <p>The person was referred to the program by law enforcement or other county designated personnel (usually called Emergency Service Patrol) under authority of Chapter 70.96A.120RCW.program.</p>	19
	<p>School/Education</p> <p>The client was referred to treatment from a school or educational facility.</p>	16
	<p>Self/Family</p> <p>The client was referred to treatment by him/herself. This also includes family referrals.</p>	15
	<p>Social Security Administration</p> <p>Client was referred by the Social Security Administration</p>	22
	<p>TASC</p> <p>Client was referred by Treatment Accountability for Safer Communities (TASC)</p>	21
	<p>Other</p> <p>Indicates whether the client was referred to treatment from any other source not listed.</p>	12
	<p>Protective Custody [<i>Inactive 11/15/01</i>]</p> <p>Indicates that law enforcement personnel have removed the client from a potentially dangerous living environment.</p>	14
	<p>Administrative Transfer [<i>Inactive 11/15/01</i>]</p> <p>Indicates that client was referred and transferred from another drug/alcohol treatment facility</p>	17
	<p>Not Collected [<i>Inactive 6/1/93</i>]</p>	18

## ENTRY REFERRAL

<b>Business Rules</b>	All options are stored as separate records. If “Not Collected” is selected then no other selections are allowed.																				
<b>File References</b>	ADMISSION_ENTRY_REFERRAL ASSESSMENT_ENTRY_REFERRAL ENTRY_REFERRAL_LUT																				
<b>Field Information</b>	<table><tr><td>DASA Database (SQL)</td><td>Name:</td><td>Entry_Referral_ID</td></tr><tr><td></td><td>Length:</td><td>2</td></tr><tr><td></td><td>Type:</td><td>Tinyint, null</td></tr><tr><td>(Look-up table only)</td><td>Name:</td><td>Entry_Referral_Desc</td></tr><tr><td></td><td>Length:</td><td>30</td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr></table>			DASA Database (SQL)	Name:	Entry_Referral_ID		Length:	2		Type:	Tinyint, null	(Look-up table only)	Name:	Entry_Referral_Desc		Length:	30		Type:	Varchar, null
DASA Database (SQL)	Name:	Entry_Referral_ID																			
	Length:	2																			
	Type:	Tinyint, null																			
(Look-up table only)	Name:	Entry_Referral_Desc																			
	Length:	30																			
	Type:	Varchar, null																			
<b>Data Element History</b>	Inactivated Not Collected Inactivated Administrative Transfer Inactivated Protective Custody		6/1/93 11/15/01 11/15/01																		

## ESTIMATED PREGNANCY DUE DATE

<b>Field Description</b>	Indicates the estimated due date of the client 's current pregnancy.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Client must be female.</p> <p>Must be valid date.</p> <p>Must be greater than milestone date.</p> <p>Warning message if greater than 10 months after milestone date (Record can still be saved however).</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Pregnancy_Est_Due_Date</p> <p>Length: 10</p> <p>Type: Datetime, null</p>	
<b>Data Element History</b>	---		

## EVER TRIED TO QUIT SMOKING

<b>Field Description</b>	Indicates if the client has ever tried to quit smoking tobacco cigarettes. Choose "No" if the client has never smoked.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Tried_To_Quit_Smoking 1 Tinyint, null
<b>Data Element History</b>	---		

## EVER USED NEEDLES

<b>Field Description</b>	Indicates if the client has ever used needles to inject illicit drugs.		
<b>Valid Entries</b>	<u>Used Needles</u>	<u>Target Codes</u>	
	Continuously	1	
	Intermittently	2	
	Rarely	3	
	Never	4	
	Yes [ <i>Inactive 11/15/01</i> ]	5	
	No [ <i>Inactive 11/15/01</i> ]	6	
<b>Business Rules</b>	Can't equal Never if Administration Method = Injected.		
<b>File References</b>	NEEDLE_USE_LUT TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Needle_Use_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Needle_Use_Desc 25 Varchar, null
<b>Data Element History</b>	Inactivated Yes		11/15/01
	Inactivated No		11/15/01

## **FEDERAL CLIENT NUMBER**

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<b>Field Description</b>	This is a computer generated number used to replace client identifying information in sending records to the Federal Client Database. (Not a Target data entry screen.)		
<b>Valid Entries</b>	Computer generated number.		
<b>Business Rules</b>	None		
<b>File References</b>	CLIENT_MASTER		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Federal_Client_Number 10 Int, null
<b>Data Element History</b>	---		

## FEE STATUS

<b>Field Description</b>	Indicates the portion of treatment fees the client or their insurance will pay.		
<b>Valid Entries</b>	<u>Fee Status</u> No Fee Full payment made by public funds/client pays nothing Full Fee Full payment made by client and/or their insurance Partial Fee Partial payment made by public funds and partial (\$2.00 or more) payment from other funds	<u>Target Codes</u>	1 2 3
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES PRIVATE_FEE_STATUS_LUT SERVICE_FUNDING		
<b>Field Information</b>	DASA Database (SQL)  (Look-up table only)	Name: Length: Type:	Private_Fee_Status_ID 1 Tinyint, null  Private_Fee_Status_Desc 30 Varchar, null
<b>Data Element History</b>	---		

## FIRST NAME

Field Description	Indicates the first name of the client or staff member. Please report as complete a name as possible (i.e. Robert instead of Rob)																		
Valid Entries	Fill in up to 40 characters.  No numbers or special characters																		
Business Rules	Required Field																		
File References	CLIENT_MASTER FACILITY_STAFF																		
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Client_First_Name</td></tr><tr><td>Length:</td><td>40</td></tr><tr><td>Type:</td><td>Varchar, null</td></tr><tr><td>File:</td><td>FACILITY_STAFF</td></tr><tr><td>Name:</td><td>Staff_First_Name</td></tr><tr><td>Length:</td><td>40</td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr></table>			DASA Database (SQL)	Name:	Client_First_Name	Length:	40	Type:	Varchar, null	File:	FACILITY_STAFF	Name:	Staff_First_Name	Length:	40		Type:	Varchar, null
DASA Database (SQL)	Name:	Client_First_Name																	
	Length:	40																	
	Type:	Varchar, null																	
	File:	FACILITY_STAFF																	
	Name:	Staff_First_Name																	
	Length:	40																	
	Type:	Varchar, null																	
Data Element History	---																		



## FORWARD REFERRAL (ASSESSMENT)

Field Description	Indicates where a client is referred to upon completion of the Assessment.	
<b>Valid Entries</b>	<u>Forward Referral</u>	<u>Target Codes</u>
	ADATSA Assessment Center	9
	Indicates whether the client was referred to an ADATSA Assessment Center.	
	ADATSA Treatment	7
	Indicates whether the client was referred to ADATSA funded treatment.	
	Alcohol/Drug Information School	3
	Indicates whether the client was referred to Alcohol/Drug Information School.	
	ATR Services	13
	Referred to services provided by the Access to Recovery grant	
	CD Involuntary Commitment	5
	Indicated whether the client was referred to a Chemical Dependency Involuntary Commitment.	
	Detoxification	1
	Indicates whether the client was referred to a detoxification facility.	
	Medical/Dental	4
	Indicates whether the client was referred to medical/dental services.	
	Mental Health	10
	Indicates whether the client was referred to mental health services.	
	No Referral	11

## FORWARD REFERRAL (ASSESSMENT)

<b>Valid Entries (continued)</b>	Non-ADATSA Treatment	2									
	Indicates whether the client was referred to Non-ADATSA treatment.										
	Other	6									
	Indicates whether the client was referred to another source not previously listed.										
	Self-Help Group	8									
	Indicates whether the client was referred to a self-help group.										
	Not Collected [ <i>Inactive 6/1/93</i> ]	12									
<b>Business Rules</b>	Required Field No other selections can be made if No Referral or Not Collected is selected.										
<b>File References</b>	ASSESSMENT_FORWARD_REFERRAL FORWARD_REFERRAL_LUT										
<b>Field Information</b>	<table> <tr> <td>DASA Database (SQL)</td> <td>Name:</td> <td>Forward_Referral_ID</td> </tr> <tr> <td></td> <td>Length:</td> <td>2</td> </tr> <tr> <td></td> <td>Type:</td> <td>Tinyint, null</td> </tr> </table>		DASA Database (SQL)	Name:	Forward_Referral_ID		Length:	2		Type:	Tinyint, null
DASA Database (SQL)	Name:	Forward_Referral_ID									
	Length:	2									
	Type:	Tinyint, null									
<b>Data Element History</b>	Inactivated Not Collected	6/1/93									
	Added ATR Services	7/1/05									

## FREQUENCY OF USE

Field Description	Indicates the frequency that the client used a specific substance in the last 30 days		
Valid Entries	<u>Frequency</u>		<u>Target Codes</u>
	No Use		1
	1 to 3 times		2
	4 to 12 times		7
	13 or more times		8
	Daily		5
	Unknown		6
	1-2 times per week [Inactive 11/15/01]		3
	3-6 times per week [Inactive 11/15/01]		4
	Business Rules	Required field if a substance has been selected.	
File References	FREQUENCY_LUT SUBSTANCE_USED		
Field Information	DASA Database (SQL)	Name: Length: Type:	Frequency_Of_Use_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Frequency_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Frequency_Desc 25 Varchar, null
Data Element History	Inactivated “1-2 times per week”		11/15/01
	Inactivated “3-6 times per week”		11/15/01

## FUND SOURCE (SUPPORT)

<b>Field Description</b>	Indicates the fund source for support activities.		
<b>Valid Entries</b>	Form <u>Code</u>	<u>Fund Source</u>	<u>Target Code</u>
	A	Agency Funded	1
	C	County Community Services	2
	F	Federal Direct	4
	O	Other	5
	P	Private Pay	6
	S	State Direct	7
	D	State DSHS (Non DASA)	9
	N	State Non DSHS	10
<b>Business Rules</b>	None		
<b>File References</b>	CLIENT_SUPPORT ACTIVITY FACILITY_SUPPORT_ACTIVITY FUNDING_SOURCE_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Funding_Source_ID 10 Datetime, null
<b>Data Element History</b>	---		

## GAMBLING - ENVIRONMENT

<b>Field Description</b>	Indicates if anyone in the client's immediate family or current living situation has a gambling problem.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Family_Gambling_Prob  Tinyint, null
<b>Data Element History</b>	---		

## GENDER

<b>Field Description</b>	Indicates the gender of the staff member or client.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Male	M	
	Female	F	
<b>Business Rules</b>	Required Field		
<b>File References</b>	CLIENT_MASTER		
<b>Field Information</b>	IMPORT/EXPORT	Name: Type: Format:	Client_Gender String X
	DASA Database	Name:  Length: Type:	Client_Gender Staff_Gender 1 Character, null
<b>Data Element History</b>	---		

## GROUP END DATE

<b>Field Description</b>	<p>Indicates the ending date of a particular treatment or support group.</p> <p>An activity for a particular group cannot occur after its End Date. Also see entry for Group Start Date in the Data Dictionary.</p>		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Cannot be earlier than 1/1/1900</p> <p>Cannot be earlier than Group Start Date</p>		
<b>File References</b>	GROUP_LUT		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: End_Date Length:10 Type: Datetime, null</p>	
<b>Data Element History</b>	---		

## GROUP ID

<b>Field Description</b>	Indicates the numeric group ID that Target assigns to distinguish various groups.		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Cannot be modified		
<b>File References</b>	CLIENT_SUPPORT_ACTIVITY GROUP_ROSTER GROUP_LUT TREATMENT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:7 Type:	Group_ID  Int, null
<b>Data Element History</b>	---		



## GROUP NAME

<b>Field Description</b>	Group name assigned to treatment or support group to identify it.		
<b>Valid Entries</b>	Any name up to 60 characters in length.		
<b>Business Rules</b>	Required Field.		
<b>File References</b>	GROUP_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Group_Name 60 Varchar, null
<b>Data Element History</b>	---		

## GROUP START DATE

<b>Field Description</b>	<p>Indicates the starting date of a particular treatment or support group.</p> <p>An activity for a particular group cannot occur before its Start Date. Also see entry for Group End Date in the Data Dictionary.</p>		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Required Field</p> <p>Cannot be earlier than 1/1/1900</p>		
<b>File References</b>	GROUP_LUT		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Start_Date</p> <p>Length:10</p> <p>Type: Datetime, null</p>	
<b>Data Element History</b>	---		

## GROUP TYPE

<b>Field Description</b>	Indicates the type of group.		
<b>Valid Entries</b>	<u>Group Type</u>	<u>Target Codes</u>	
	Treatment	1	
	Support	2	
<b>Business Rules</b>	Required Field		
<b>File References</b>	GROUP_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Group_Type 1 Tinyint, null
<b>Data Element History</b>	---		

## HOMELESS

<b>Field Description</b>	<p>Indicates whether client is currently homeless or on the street.</p> <p>This is only used in the Short Form Detox. For other milestones (Assessment, Admission and Discharge) please see the Data Dictionary entry on Residence.</p>		
<b>Valid Entries</b>	<p><u>Choices</u></p> <p>Yes</p> <p>No</p>	<p><u>Target Codes</u></p> <p>6</p> <p>Null</p>	
<b>Business Rules</b>	<p>If "Yes" then Target will set the Residence_Type_ID of the TREATMENT_MILESTONE to '6'- On the street.</p> <p>If "No" then Target will set the Residence_Type_ID of the TREATMENT_MILESTONE to null</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name:</p> <p>Length:</p> <p>Type:</p>	<p>Residence_Type_ID</p> <p>2</p> <p>Tinyint, null</p>
<b>Data Element History</b>	---		

## **ILLEGAL ACTIVITIES**

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<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having been engaged in illegal activities.		
<b>Valid Entries</b>	## from 0 through 30		
<b>Business Rules</b>	None		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	illegal_activity_count  Tinyint, null
<b>Data Element History</b>	---		

## ILLEGAL INCOME

<b>Field Description</b>	Indicates the amount of cash earned by the client in the past thirty days through illegal activities.		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Must be a valid positive number Do not use the dollar sign (\$) or commas.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Illicit_Income_Amount Length:8 Type: Money, null	
<b>Data Element History</b>	---		

## **INACTIVE DATE**

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<b>Field Description</b>	Indicates the date that a data element became inactive.  A data element cannot be associated to an event that is after its Inactive Date. Also see entry for Active Date in the Data Dictionary.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	Cannot be earlier than 1/1/1900  Cannot be earlier than Active Date		
<b>File References</b>	same as Active Date		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Inactive_Date 16 Datetime, not null
<b>Data Element History</b>	---		

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## INFANT'S FIRST NAME

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<b>Field Description</b>	Indicates the first name of the client's child.		
<b>Valid Entries</b>	Text		
<b>Business Rules</b>	None		
<b>File References</b>	PREGNANCY_OUTCOME		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Infant_First_Name 20 Varchar, null
<b>Data Element History</b>	---		



## INJECT DRUGS IN LAST 30 DAYS

<b>Field Description</b>	This field is to indicate if the client has injected drugs in the last 30 days.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
	Unknown	2	(This option for No Contact/Abort discharges only)
<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Used_Needle_Recently  Integer, null
<b>Data Element History</b>	---		

## INSURANCE PAYMENT (PRIVATE)

<b>Field Description</b>	Indicates the percentage that the client's private health insurance will pay for treatment.		
<b>Valid Entries</b>	<u>Insurance Payment</u>	<u>Target Codes</u>	
	No insurance payment	1	
	50% or greater	2	
	Less than 50%	3	
<b>Business Rules</b>	Required Field		
<b>File References</b>	SERVICE FUNDING PRIVATE_INSURANCE_PAYMENT_LUT AGENCY_PREFERENCES		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Private_Insurace_Payment_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Private_Insurace_Payment_Desc 30 Varchar, null
<b>Data Element History</b>	---		

## LARGE PRINT ENGLISH

<b>Field Description</b>	Indicates if the client needs large print in order to read.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Uses_Large_Type_English 1 Tinyint, null
<b>Data Element History</b>	---		

## LAST NAME

<b>Field Description</b>	Indicates the last name of client or staff member. Please do not include punctuation or titles (i.e., hyphens, apostrophes, Jr. etc.) when entering the data into the database.		
<b>Valid Entries</b>	Up to 60 characters.		
<b>Business Rules</b>	Required Field		
<b>File References</b>	CLIENT_MASTER FACILITY_STAFF		
<b>Field Information</b>	DASA Database  (SQL)	Name:  Length: Type:	Client_Last_Name Staff_Last_Name 60 Varchar, null
<b>Data Element History</b>	---		

## LIVING ARRANGEMENT

<b>Field Description</b>	<p>Indicates with whom the client is currently living.</p> <p>If client is no longer a minor and is living with one or more parent select "Other family members with or without Child(ren)".</p>	
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>
	Alone	1
	Child(ren) Alone Client lives only with his or her child(ren)	2
	Foster Parents/Group Home	9
	Friends Include only individuals who shared living quarters with a person(s) with whom they have affection, a personal bond, or a stable social relationship and who live in a dwelling designed for family living (house, apartment, etc.). Exclude individuals who simply live with others with whom they shared little or no personal life (see roommates), such as might be found in dormitory-like settings, group homes, or hotels for transients.	3
	Other family members with or without Child(ren) Client is currently living with immediate or extended family.	4
	Parents/ Parents with Child(ren) Client lives with one or more of their parents.	6
	Roommates Include those individuals who shared living quarters with a person(s) with whom they had no personal relationship or who lived in boarding houses, jails/prisons, hospitals, shelters, half-way houses, dormitories, residential treatment programs, and other group arrangements providing common dining and/or sleeping facilities for unrelated individuals.	7
	Spouse/Partner alone (without children)	5
	Spouse/Partner and Child(ren)	8
	Not Collected [ <i>Inactive 6/1/93</i> ]	11
	Unknown [ <i>Inactive 11/15/01</i> ]	10
<b>Business Rules</b>	Required Field	

## LIVING ARRANGEMENT

File References	TREATMENT_MILESTONE		
Field Information	DASA Database (SQL)	Name:	Living_Arrangement
		Length:2	
		Type:	Tinyint, null
		File:	LIVING_ARNG_LUT
		Name:	Living_Arng_ID
		Length:2	
		Type:	Tinyint, null
	(Look-up table only)	Name:	Living_Arng_Desc
		Length:60	
		Type:	Varchar, null
Data Element History	Inactivated Not Collected		6/1/93
	Inactivated Unknown		11/15/01

## LIVING ENVIRONMENT

<b>Field Description</b>	Indicates if the client's current living environment is supportive of recovery efforts associated with treatment.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Conducive_Environment  Tinyint, null
<b>Data Element History</b>	---		

## LIVING WITH CLIENT

<b>Field Description</b>	Indicates if the “Live born child” (see Pregnancy Outcome) currently lives with the client.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
	Unknown	2	
<b>Business Rules</b>	Required field if Pregnancy Outcome is Live Born Child. Defaults to No if Pregnancy Outcome is not Live Born Child.		
<b>File References</b>	PREGNANCY_OUTCOME		
<b>Field Information</b>	DASA Database (SQL)	Name: Live_With_Client Length: 4 Type: Int, null	
<b>Data Element History</b>	Changed value of “Unknown” from -1 to 2		1/30/2005



## MARITAL SATISFACTION

Field Description	Indicates if the client satisfied with his/her marriage or relationship status.  If the client is not in a marriage or committed relationship then this question would indicate how the client feels about their current relationship status.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	2	
	Indifferent	3	
Business Rules	None		
File References	ASI_MILESTONE  MARITAL_SATISFACTION_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Marital_Satisfaction_Rating_ID 1 Int, null
	(Look-up table only)	Name: Length: Type:	Marital_Satisfaction_Rating_Desc 50 Varchar, null
Data Element History	Changed value of "No" from 2 to 0 1/30/2005  Changed value of "Indifferent" from 3 to 2 1/30/2005		

## MARITAL STATUS

<b>Field Description</b>	Indicates the current marital status of the client.		
<b>Valid Entries</b>	<u>Marital Status</u>		<u>Target Codes</u>
	Divorced		1
	Include only marriages dissolved by court decrees.		
	Married or Committed Relationship		3
	Include all persons who consider themselves married, including gay/lesbian bonds.		
	Never married		4
	This category includes annulments.		
	Separated		5
	Include married persons not living together by choice, whether or not the separation is legal.		
	Widowed		7
<b>Business Rules</b>	Required Field		
<b>File References</b>	MARITAL_STATUS_LUT		
	TREATMENT_MILESTONE		
<b>Field Information</b>			
	DASA Database (SQL)	Name: Marital_Status_ID Length: 1 Type: Tinyint, null	
	(Look-up table only)	Name: Marital_Status_Desc Length: 45 Type: Varchar, null	
<b>Data Element History</b>	Inactivated Not collected		6/1/93
	Inactivated Single		11/15/01
	Inactivated Unknown		11/15/01

## **MEDICAL PROBLEMS**

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<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having had medical problems ranging from colds and flu through serious ailments (do not include alcohol or drug induced ailments).		
<b>Valid Entries</b>	## from 0 through 30		
<b>Business Rules</b>	Cannot be greater than 30 days.		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	Days_Ill  Tinyint, null
<b>Data Element History</b>	---		

## MENTAL ILLNESS – ENVIRONMENT

<b>Field Description</b>	Indicates if anyone in the client's immediate family or current living situation has a diagnosed mental illness. Only consider diagnosis by a mental health professional qualified to perform the diagnosis.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Family_Mental_Illness  Tinyint, null
<b>Data Element History</b>	---		

## MIDDLE NAME

<b>Field Description</b>	Indicates the full middle name of the client or staff member. If full name is not available use the middle initial. Do not use special characters.		
<b>Valid Entries</b>	Fill in		
<b>Business Rules</b>	Optional Field Leave blank <b>only</b> if the client has no middle name.		
<b>File References</b>	CLIENT_MASTER FACILITY_STAFF		
<b>Field Information</b>	DASA Database  (SQL)	Name:  Length: Type:	Client_Middle_Name Staff_Middle_Name 40 Varchar, null
<b>Data Element History</b>	---		

## MILESTONE DATE/TIME

<b>Field Description</b>	Indicates the date and time of the Milestone event (Assessment, Admission, Discharge).		
<b>Valid Entries</b>	Format:   mm/dd/yyyy hh:mm		
<b>Business Rules</b>	Required Field		
<b>File References</b>	<div> <div>ASI_MILESTONE</div> <div>PREVIOUS_ARREST</div> <div>CURRENT_LEGAL_ISSUE</div> <div>RELATIONSHIP_PROBLEM</div> </div> <div> <div>DISABILITY_MILESTONE</div> <div>SUBSTANCE_USED</div> <div>PREGNANCY_OUTCOME</div> <div>TREATMENT_MILESTONE</div> </div>		
<b>Field Information</b>	DASA Database (SQL)	Name: Milestone_Datetime Length: 16 Type: Datetime, not null	
<b>Data Element History</b>	---		

## MILESTONE TYPE

<b>Field Description</b>	Indicates the event type for which the treatment milestone data is being collected. (Not an entry field in the Target system.)		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Assessment	1	
	Admission	2	
	Discharge	4	
	Detox	5	
<b>Business Rules</b>	System generated		
<b>File References</b>	MILESTONE_TYPE_LUT TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Milestone_Type_ID 1 Tinyint, not null
	(Look-up table only)	Name: Length: Type:	Milestone_Type_Desc 30 Varchar, null
<b>Data Element History</b>	---		

## MODALITY/ CONTRACT/ FUND SOURCE

<b>Field Description</b>	<p>Indicates the combination of Modality, Contract and Fund Source of the treatment the client is currently in, or being referred to, or offered by the program.</p> <p>Modality, Contract and Fund Source are stored as separate data elements. Each valid combination of these three elements is assigned a numeric code by the database and stored in the Modality_Contract_Funding table. This numeric code, named "MCF_ID" is associated with each individual record in the Service_Funding table.</p> <p>For convenience each Modality, Contract and Fund Source is listed below. Please contact the DASA Target Help Desk if you have questions regarding valid combinations of Modality, Contract and Fund Source.</p>																																								
<b>Valid Entries</b>	<table> <tr> <th data-bbox="451 751 1133 793"><b>Modality</b></th><th data-bbox="1149 751 1312 793"><u>Target Code</u></th></tr> <tr><td data-bbox="565 804 737 835">Detoxification</td><td data-bbox="1219 804 1240 835">2</td></tr> <tr><td data-bbox="565 856 899 888">Group Care Enhancement</td><td data-bbox="1219 856 1240 888">4</td></tr> <tr><td data-bbox="565 909 797 940">Intensive Inpatient</td><td data-bbox="1219 909 1240 940">5</td></tr> <tr><td data-bbox="565 961 818 993">Intensive Outpatient</td><td data-bbox="1219 961 1240 993">6</td></tr> <tr><td data-bbox="565 1014 850 1045">Long-Term Residential</td><td data-bbox="1219 1014 1240 1045">7</td></tr> <tr><td data-bbox="565 1066 956 1098">Methadone/Opiate Substitution</td><td data-bbox="1203 1066 1240 1098">11</td></tr> <tr><td data-bbox="565 1119 777 1150">MICA Outpatient</td><td data-bbox="1219 1119 1240 1150">9</td></tr> <tr><td data-bbox="565 1171 699 1203">Outpatient</td><td data-bbox="1203 1171 1240 1203">13</td></tr> <tr><td data-bbox="565 1224 777 1255">Recovery House</td><td data-bbox="1203 1224 1240 1255">14</td></tr> <tr><td data-bbox="565 1276 826 1308">Transitional Housing</td><td data-bbox="1203 1276 1240 1308">15</td></tr> <tr><td data-bbox="565 1329 846 1360">ADATSA Assessment</td><td data-bbox="1203 1329 1240 1360">23</td></tr> <tr><td data-bbox="565 1381 907 1413">Non-ADATSA Assessment</td><td data-bbox="1203 1381 1240 1413">24</td></tr> <tr><td data-bbox="565 1434 997 1465">Dual Diagnosis [<i>Inactive 11/15/01</i>]</td><td data-bbox="1219 1434 1240 1465">1</td></tr> <tr><td data-bbox="565 1486 997 1518">Extended Care [<i>Inactive 11/15/01</i>]</td><td data-bbox="1219 1486 1240 1518">3</td></tr> <tr><td data-bbox="565 1539 1029 1570">MICA Residential [<i>Inactive 11/15/01</i>]</td><td data-bbox="1203 1539 1240 1570">10</td></tr> <tr><td data-bbox="565 1591 878 1623">MICA [<i>Inactive 11/15/01</i>]</td><td data-bbox="1219 1591 1240 1623">8</td></tr> <tr><td data-bbox="565 1644 997 1675">Not Applicable [<i>Inactive 11/15/01</i>]</td><td data-bbox="1203 1644 1240 1675">12</td></tr> <tr><td data-bbox="565 1696 948 1728">Not Collected [<i>Inactive 6/1/93</i>]</td><td data-bbox="1203 1696 1240 1728">17</td></tr> <tr><td data-bbox="565 1749 997 1801">Variable Stay Residential [<i>Inactive 11/15/01</i>]</td><td data-bbox="1203 1749 1240 1780">16</td></tr> </table>	<b>Modality</b>	<u>Target Code</u>	Detoxification	2	Group Care Enhancement	4	Intensive Inpatient	5	Intensive Outpatient	6	Long-Term Residential	7	Methadone/Opiate Substitution	11	MICA Outpatient	9	Outpatient	13	Recovery House	14	Transitional Housing	15	ADATSA Assessment	23	Non-ADATSA Assessment	24	Dual Diagnosis [ <i>Inactive 11/15/01</i> ]	1	Extended Care [ <i>Inactive 11/15/01</i> ]	3	MICA Residential [ <i>Inactive 11/15/01</i> ]	10	MICA [ <i>Inactive 11/15/01</i> ]	8	Not Applicable [ <i>Inactive 11/15/01</i> ]	12	Not Collected [ <i>Inactive 6/1/93</i> ]	17	Variable Stay Residential [ <i>Inactive 11/15/01</i> ]	16
<b>Modality</b>	<u>Target Code</u>																																								
Detoxification	2																																								
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Dual Diagnosis [ <i>Inactive 11/15/01</i> ]	1																																								
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MICA [ <i>Inactive 11/15/01</i> ]	8																																								
Not Applicable [ <i>Inactive 11/15/01</i> ]	12																																								
Not Collected [ <i>Inactive 6/1/93</i> ]	17																																								
Variable Stay Residential [ <i>Inactive 11/15/01</i> ]	16																																								



## MODALITY/ CONTRACT/ FUND SOURCE

Valid Entries (Continued)	Contract	<u>Target Code</u>
	ADATSA	1
	Adult Outpatient	19
	Adult Residential (added 7/1/05)	26
	ATR - Access to Recovery	22
	CDDA (COMM)	15
	CDDA (LS)	11
	Children & Family Services	3
	Criminal Justice	24
	Criminal Justice – Innovations (added 7/1/05)	25
	DOC – COM	2
	DOC – Jail	6
	Drug Court	12
	Gov2Gov (Non XIX)	4
	Indian Health Service (IHS)	5
	Molina - Managed Care	23
	Other/None	8
	Pregnant/Parenting	9
	SSI	20
	Structured Youth Residential Services	10
	TANF (ESA)	16
	TASC (PSEA)	13
	Tribe MOA (Title XIX)	17
	WASBIRT	21
	Youth Treatment	18
	Low Income Indigent [ <i>Inactive 11/15/01</i> ]	7

## MODALITY/ CONTRACT/ FUND SOURCE

Valid Entries (Continued)	Fund Source		Target Code
	Agency Funded		1
	County Community Services		2
	Department of Corrections		3
	Federal Direct		4
	Other		5
	Private Pay		6
	State Direct		7
	State DSHS (Non DASA)		9
	State Non DSHS		10
	Tribal Community Services		11
	Not Collected [ <i>Inactive 6/1/93</i> ]		8
Business Rules	Required Field		
	Client age cannot be over 21 if a Contract Type of Youth is selected.		
	Assessment –		
	Modality cannot be Non-ADATSA if Assessment Type equals ADATSA.		
	Modality cannot be ADATSA if Assessment Type is not equal to ADATSA.		
	Admission –		
	Contract type must be ADATSA if the ADATSA Admission field equals Yes.		
File References	AGENCY_PREFERENCES		OFFERED_SERVICE
	MODALITY_CONTRACT_FUNDING		SERVICE_FUNDING
Field Information	DASA Database (SQL)	Name:	MCF_ID
		Length:	3
		Type:	Integer, not null

## MODALITY/ CONTRACT/ FUND SOURCE

<b>Data Element History</b>	<b>Modality</b>	
	Inactivated Not Collected	6/1/93
	Inactivated Dual Diagnosis	11/15/01
	Inactivated Extended Care	11/15/01
	Inactivated MICA Residential	11/15/01
	Inactivated MICA	11/15/01
	Inactivated Not Applicable	11/15/01
	Inactivated Variable Stay Residential	11/15/01
	<b>Contract</b>	
	Inactivated Low Income Indigent	11/15/01
	Added WASBIRT contract type	4/1/2004
	Added ATR and Molina contract types	1/1/2005
	Added Adult Residential, Criminal Justice and Criminal Justice – Innovations contract types	5/11/05
	<b>Fund Source</b>	
	Inactivated Not Collected	6/1/93

## MONTHLY HOUSEHOLD INCOME (GROSS)

<b>Field Description</b>	Include average total monthly income of all family members living as a household. A family living in a household consists of all persons related to each other by blood, marriage, or adoption. All income (before deductions for personal income taxes, Social Security taxes, union dues, Medicare deductions, etc.) is recorded. Household income includes wages, salaries, child support, welfare payments, rents from property, pensions, and cash disbursements from investments and trusts. Exclude income from illegal activities and non-cash benefits such as food stamps, health benefits, and subsidized housing.		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be greater than or equal to Monthly Personal Income.</p> <p>Cannot be greater than \$50,000.</p> <p>Do not use the dollar sign (\$) or commas.</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Monthly_Household_Income Length: 8 Type: Money, null	
<b>Data Element History</b>	---		

## MONTHLY PERSONAL INCOME (GROSS)

<b>Field Description</b>	Include average total monthly income of the client. All income (before deductions for personal income taxes, Social Security taxes, union dues, Medicare deductions, etc.) is recorded. Personal income includes: wages, salaries, spousal maintenance, welfare payments, rents from property, pensions, and cash disbursements from investments and trusts. Exclude income from illegal activities and non-cash benefits such as food stamps, health benefits, and subsidized housing.		
<b>Valid Entries</b>	##,###		
<b>Business Rules</b>	Required Field  Cannot be greater than \$50,000.  Do not use the dollar sign (\$) or commas.		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Monthly_Personal_Income Length: 8 Type: Money, null	
<b>Data Element History</b>	---		

## **NEXT OF KIN**

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<b>Field Description</b>	Name and relationship of closest familial relation to client.
<b>Valid Entries</b>	Not Collected in TARGET.
<b>Business Rules</b>	None
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	---

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## NUMBER OF PERSONS/STUDENTS (SUPPORT)

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<b>Field Description</b>	Indicates the number of persons attending the support activity.		
<b>Valid Entries</b>	####		
<b>Business Rules</b>	An entry into one of the four Unit of Service fields in the Support Activities file (Number of People/Students, Service Hours, Staff Hours or Other Quantity) is required.		
<b>File References</b>	FACILITY_SUPPORT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	People_Attending 4 Integer, null
<b>Data Element History</b>	---		

## OPIATE DEPENDENCY DOSE

<b>Field Description</b>	Indicates client's dosage of opiate substitution medication in milligrams (mg). Use whenever the opiate substitution dosage changes.		
<b>Valid Entries</b>	### Maximum value of 255		
<b>Business Rules</b>	Required if Treatment Activity Type is Methadone Dose Change		
<b>File References</b>	TREATMENT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Methadone_Dose 3 Tinyint, null
<b>Data Element History</b>	---		



## OTHER DESCRIPTION (SUPPORT)

Field Description	Describes the support activity unit if staff hours or number of participants fields do not apply.		
Valid Entries	Text		
Business Rules	Required if the field Other Quantity is filled in.		
File References	CLIENT_SUPPORT ACTIVITY FACILITY_SUPPORT_ACTIVITY		
Field Information	DASA Database (SQL)	File: Name: Length: Type:	CLIENT_SUPPORT_ACTIVITY Other_Unit_Desc 20 Varchar, null  FACILITY_SUPPORT_ACTIVITY Support_Activity_Desc 25 Varchar, null
Data Element History	---		

## OTHER INCAPACITY (ADATSA)

Field Description	For ADATSA assessment clients, indicates other incapacities besides those indicated in the disability field.		
Valid Entries	<u>Other Incapacity</u>		<u>Target Codes</u>
	Mental incapacity		2
	No other incapacity / Not Applicable		1
	Physical and mental incapacity		4
	Physical incapacity		3
Business Rules	None		
File References	ASSESSMENT INCAPACITY_LUT		
Field Information	DASA Database (SQL)	Name:	Other_Incapacity
		Length:	1
		Type:	Tinyint, null
		File:	INCAPACITY_LUT
		Name:	Incapacity_ID
		Length:	1
		Type:	Tinyint, not null
	(Look-up table only)	Name:	Incapacity_Desc
		Length:	25
		Type:	Varchar, null
Data Element History	---		

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## OTHER LAST NAME

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<b>Field Description</b>	Indicates any other last name by which the client may have been reported to TARGET (i.e. maiden name or married name).		
<b>Valid Entries</b>	Up to 60 characters.		
<b>Business Rules</b>	Optional field		
<b>File References</b>	CLIENT_MASTER		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Client_Alternate_Last_Name 60 Varchar, null
<b>Data Element History</b>	---		

## OTHER QUANTITY (SUPPORT)

<b>Field Description</b>	<p>Indicates the quantity of the OTHER UNIT in the Support Activities. This category is to be used if the support activity cannot be categorized as staff time, service time or number of students/persons.</p> <p>Agencies should report based on their contract. Use this field ONLY when one of the other fields does not fit the contract.</p>		
<b>Valid Entries</b>	####		
<b>Business Rules</b>	An entry into one of the four quantity fields in the Support Activities file (Other Quantity, Service Hours, Staff Hours or Number of Persons/Students) is required.		
<b>File References</b>	CLIENT_SUPPORT_ACTIVITY FACILITY_SUPPORT_ACTIVITY		
<b>Field Information</b>	DASA Database (SQL)	Name: Other_Unit_Qty Length: 4 Type: Integer, null	
<b>Data Element History</b>	---		

## OTHER SERVICE REFERRAL

Field Description	Indicates the exit referrals for the client at discharge or Detox End Referral.			
<b>Valid Entries</b>	An Other Service Referral can be valid for Discharge or Detox Short Form or both.			
	<u>Other Service Referral</u>	<u>Discharge</u>	<u>Detox Short</u>	<u>Target Codes</u>
	ADATSA Assessment Center	✓	✓	8
	ADATSA Assmt Completed	✓	✓	20
	ATR Services	✓	✓	21
	Housing Assistance	✓		11
	Medical/Dental Services	✓	✓	12
	Mental Health Services	✓	✓	9
	None	✓	✓	3
	Other	✓	✓	4
	Other Health Care Provider	✓		13
	Self-Help Group	✓	✓	7
	Transitional Housing	✓	✓	14
	Vocational Rehabilitation/Job Placement	✓		10
	Involuntary Treatment (ITA)		✓	17
	Not Amenable to Treatment/Lacks Engagement		✓	18
	Referred to CD Treatment		✓	19
	Continuing Drug/Alcohol Treatment [ <i>Inactive 11/15/01</i> ]			16
	Detoxification [ <i>Inactive 11/15/01</i> ]			1
	Not Collected [ <i>Inactive 6/1/93</i> ]			15
	Not Eligible [ <i>Inactive 11/15/01</i> ]			2
	Non-ADATSA Outpatient [ <i>Inactive 11/15/01</i> ]			5
	Non-ADATSA Residential [ <i>Inactive 11/15/01</i> ]			6

## OTHER SERVICE REFERRAL

Business Rules	Required Field  Cannot select any other values if None or Not Collected is selected.  Must be None if Discharge Type equals Client Died.	
File References	DISCHARGE_REFERRAL  OTHER_SERVICES_REFERRAL_LUT	
Field Information	<div><div>DASA database (SQL)</div><div><div>Name: Other_Services_Referral_ID</div><div>Length: 2</div><div>Type: Tinyint, not null</div></div></div> <div><div>(Look-up table only)</div><div><div>Name: Other_Services_Referral_Desc</div><div>Length: 50</div><div>Type: Varchar, not null</div></div></div> <div><div>OTHER: <i>[Inactive]</i> TABLE: DISCHARGE</div><div><div>Name: Discharge_Referral_Other</div><div>Length: 20</div><div>Type: Varchar, null</div></div></div>	
Data Element History	<div><div>Inactivated Not Collected</div><div>6/1/93</div></div> <div><div>Inactivated Continuing Drug/Alcohol Treatment</div><div>11/15/01</div></div> <div><div>Inactivated Detoxification</div><div>11/15/01</div></div> <div><div>Inactivated Not Eligible</div><div>11/15/01</div></div> <div><div>Inactivated Non-ADATSA Outpatient</div><div>11/15/01</div></div> <div><div>Inactivated Non-ADATSA Residential</div><div>11/15/01</div></div> <div><div>Added ATR Services</div><div>1/1/05</div></div>	

## PEAK USE

Field Description	Reflect the highest monthly use pattern in the twelve months preceding this milestone event.		
Valid Entries	<u>Peak Use</u>		<u>Target Codes</u>
	No Use		1
	1 to 3 times		2
	4 to 12 times		7
	13 or more times		8
	Daily		5
	Unknown		6
	1-2 times per week [ <i>Inactive 7/1/01</i> ]		3
	3-6 times per week [ <i>Inactive 7/1/01</i> ]		4
Business Rules	Required if a substance other than “No Substance Abuse” is selected		
File References	FREQUENCY_LUT SUBSTANCE_USED		
Field Information	DASA Database (SQL)		Name: Peak_Use_Frequency_ID
			Length: 1
			Type: Tinyint, null
			File: FREQUENCY_LUT
			Name: Frequency_ID
			Length: 1
			Type: Tinyint, null
Data Element History	Inactivated “1-2 times per week”		7/1/01
	Inactivated “3-6 times per week”		7/1/01

## PERSONS IN HOUSEHOLD

<b>Field Description</b>	Indicates the total number of persons living in the household. Include the client. In cases of institutional settings, enter the number of people sharing the same area considered their own such as a room, cell or dormitory.		
<b>Valid Entries</b>	##		
<b>Business Rules</b>	<p>Required Field</p> <p>Must be greater than 0.</p> <p>Must equal 1 if Living Arrangement is Alone.</p> <p>Must be greater than 1 if Living Arrangement is any other value other than Alone.</p> <p>Cannot be less than the number of children living with the client plus one.</p> <p>Warning message if more than 15 (Still able to save the record however).</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Persons_in_Household</p> <p>Length: 2</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	---		



## **PHONE ENTRY DATE**

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Field Description	This field indicates the date of the milestone event associated with this phone number.		
Valid Entries	This is not a data entry field.		
Business Rules	The value of this field is the same as the Milestone_Datetime in MILESTONE.		
File References	CLIENT_PHONE		
Field Information	DASA Database (SQL)	Name: Phone_Entry_Date Length: 16 Type: Datetime, not null	
Data Element History	---		

## PHYSICAL HEALTH CARE

<b>Field Description</b>	Indicates type of medical or dental care the client is currently receiving other than for substance abuse. This type of care does not include preventative treatment such as an annual physical check or a semi-annual dental cleaning.
<b>Valid Entries</b>	<div style="text-align: right;"><u>Target Code</u></div> <p>Each field listed below allows one of three options:</p> <p>Yes <span style="float: right;">1</span></p> <p style="padding-left: 40px;">Include those persons who stated that they were under the care of a licensed physician for a medical problem at the time of admission.</p> <p>No (default) <span style="float: right;">0</span></p> <p>In-Need <span style="float: right;">2</span></p> <p style="padding-left: 40px;">Includes client's who are in need of health care services but are not currently under care</p> <p><u>Health Care Type:</u></p> <p>Infectious Disease</p> <p style="padding-left: 40px;">Include persons with hepatitis, venereal disease, tuberculosis, malaria, HIV/AIDS, or other diseases that can be transmitted from one individual to another.</p> <p>Traumatic Injury</p> <p style="padding-left: 40px;">Under care for an injury that caused physical damage such as: fracture or broken bone, abrasions, or burns.</p> <p>Continuing Illness</p> <p style="padding-left: 40px;">Include persons who had persistent medical problems that were likely to restrict or prevent full use of their abilities. Chronic conditions are serious or potentially serious physical or medical problems that require continuous care (medication, dietary restrictions, and inability to take part in or perform normal activities, etc.). Ongoing medical conditions that were first noticed more than three months before admission or that commonly have durations greater than three months are reported in this category. Examples include: hypertension, diabetes, emphysema, arthritis, and physical disabilities.</p> <p>Major Dental</p> <p style="padding-left: 40px;">Under care for dental problems such as: root canal, abscess or extractions.</p>
<b>Business Rules</b>	None

## PHYSICAL HEALTH CARE

<b>File References</b>	TREATMENT_MILESTONE MEDICAL_TREATMENT_NEED_LUT		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Care_for_Infect_Disease Care_for_Traumatic_Inj Care_for_Chronic_Illness Care_for_Dental_Probl</p> <p>Length:1 Type: Tinyint, null</p> <p>File: MEDICAL_TREATMENT_NEED_LUT Name: Treatment_Need_ID Length:1 Type: Tinyint, not null</p> <p>File: MEDICAL_TREATMENT_NEED_LUT Name: Treatment_Need_Desc Length:20 Type: Varchar, null</p>	
<b>Data Element History</b>	<p>Changed value of "No" from 2 to 0 1/30/2005</p> <p>Changed value of "In-Need" from 3 to 2 1/30/2005</p> <p>Changed data dictionary to reflect correct spelling of "Care_for_Infect_Disease" variable 1/30/2005</p>		

## POLY SUBSTANCE USE

<b>Field Description</b>	<p>Indicates that the client takes three or more drugs at a time (not including Tobacco products) in a more or less random pattern.</p> <p>This field is used to reflect a pattern of usage that involves a relatively random combination of drugs. Clients that fit in this category will often choose to take whatever drugs are available regardless of effect.</p> <p>A client's use of multiple drugs does not necessarily qualify them in this category.</p>		
<b>Valid Entries</b>	<p><u>Choices</u></p> <p>Yes</p> <p>No</p>	<p><u>Target Codes</u></p> <p>1</p> <p>0</p>	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	<p>Name:</p> <p>Length:</p> <p>Type:</p>	<p>Polysubstance_Use</p> <p>1</p> <p>Tinyint, null</p>
<b>Data Element History</b>	---		

## PREGNANCY END DATE

<b>Field Description</b>	Indicates the actual completion/termination date of the pregnancy. For example: the date of the birth of the child, or date of miscarriage or termination.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	<p>Can only enter if client is female.</p> <p>Date cannot be more than one year before the milestone (Assessment, Admission, Discharge).</p> <p>Cannot be greater than today's date.</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Act_Pregnancy_Completion Length: 10 Type: Datetime, null	
<b>Data Element History</b>	---		

## PREGNANCY OUTCOME

Field Description	Indicates the outcome for any pregnancy that terminated while the client was in drug/alcohol treatment.  If multiple births, indicate outcome for each.		
Valid Entries	<u>Pregnancy Outcome</u>	<u>Target Codes</u>	
	Live Birth Child	1	
	Miscarriage	2	
	Stillborn Child (dead)	3	
	Other Termination	4	
	Not Collected [ <i>Inactive 6/1/93</i> ]	5	
Business Rules	Required Field when Pregnancy End Date is reported.		
File References	PREGNANCY_OUTCOME PREGNANCY_OUTCOME_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Pregnancy_Outcome_Type_ID 1 Tinyint, not null
	(Look-up table only)	Name: Length: Type:	Pregnancy_Outcome_Desc 35 Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## PRENATAL PROVIDER

<b>Field Description</b>	Indicates if the client currently has a prenatal health care provider For example, First Steps Case Manager, physician, mid-wife, etc...		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	Required Field when there is an estimated due date.		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Has_Prenatal_Provider 1 Tinyint, null
<b>Data Element History</b>	---		

## PREVIOUS ARRESTS

Field Description	At Assessment and Admission indicates if the client has been previously arrested in the last year.  At Discharge indicates number of times the client was arrested since admission.	
Valid Entries	<u>Previous Arrests</u>	<u>Target Codes</u>
	Crimes Unknown  Indicates if the client has been previously arrested for a crime unknown. This category is used when a person's records do not indicate whether they have been arrested or, they have been arrested and the type of offense was unavailable.	9
	Domestic Violence  Indicates if the client has been previously arrested for domestic violence.	3
	Driving Under the Influence  Indicates if the client has been previously arrested for driving while under the influence or Physical Control.	6
	Drug Possession  Indicates if the client has been previously arrested for possession of an illegal drug	2
	Drug Trafficking or Manufacturing  Indicates if the client has been previously arrested for drug offenses. Include the following: drug trafficking, including manufacturing, distributing, selling, smuggling, and "possession with intent to sell"; and other drug offenses such as those involving drug paraphernalia and forged or unauthorized prescriptions.	1
	Malicious Mischief or Disorderly Conduct  Indicates client has been arrested for breach of peace/disorderly conduct;	7
	None  No criminal charges in the last year or since discharge.	10



## PREVIOUS ARRESTS

Valid Entries (Continued)	<u>Previous Arrests</u>	<u>Target Codes</u>
	<p>Other Public-Order Offenses</p> <p>Indicates if the client has been previously arrested for other public order offenses. Include the following: nonviolent sexual offense (morals and decency offenses); commercialized vice (prostitution, pimping, pornography); nonviolent family offenses (neglect, bigamy, nonpayment of child support); liquor law violations; obstructing justice; violating probation; escape; bribery; weapon offenses; health and safety offenses; habitual offender; contributing to the delinquency of a minor; and immigration violations.</p> <p>Property Crime</p> <p>Indicates if the client has been previously arrested for a property crime. Include the following: burglary; larceny/theft; motor vehicle theft; arson; fraud; dealing in stolen property (receiving, transporting, possessing, and selling); possession of burglary tools; damage to property, smuggling, criminal trespass, and unauthorized entry.</p> <p>Violent Crime</p> <p>Indicates if the client has been previously arrested for a violent crime. Include the following: murder and manslaughter; kidnapping; rape and other sexual assault; robbery; aggravated and simple assault; intimidation; extortion; coercion; illegal abortion; hit-and-run with bodily injury; and miscellaneous crimes against a person.</p> <p>Drug Crimes [<i>Inactive 11/15/01</i>]</p> <p>Not Collected [<i>Inactive 6/1/93</i>]</p>	<p>8</p> <p>5</p> <p>4</p> <p>11</p> <p>12</p>
<b>Business Rules</b>	<p>Required Field</p> <p>Cannot select any other values if None or Not Collected is selected.</p>	

## PREVIOUS ARRESTS

<b>File References</b>	ARREST_TYPE_LUT PREVIOUS_ARREST		
<b>Field Information</b>	DASA Database (SQL)	Name: Arrest_Type_ID Length:2 Type: Tinyint, null	
	(Look-up table only)	Name: Arrest_Type_Desc Length:75 Type: Varchar, null	
<b>Data Element History</b>	Inactivated Not Collected		6/1/93
	Inactivated Drug Crimes		11/15/01

## PREVIOUS EMERGENCY ROOM VISITS

<b>Field Description</b>	<p>At Assessment and Admission indicates number of emergency room visits by the client in the previous year.</p> <p>At Discharge indicates number of emergency room visits by the client since Admission.</p>		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Emergency_Room_Visits</p> <p>Length: 3</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	---		

## PREVIOUS HOSPITAL INPATIENT DAYS

<b>Field Description</b>	For Assessment and Admission indicates number of inpatient medical days in a general hospital by the client in the past year. For Discharge, this indicates the number of inpatient medical days by the client since admission. Do not include days in hospital-based detoxification program.		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	Must be greater than 0 if Previous Inpatient Admissions is greater than 0. Required Field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Inpatient_Days 3 Tinyint, null
<b>Data Element History</b>	---		

## PREVIOUS INPATIENT ADMISSIONS

<b>Field Description</b>	<p>At Assessment and Admission indicates number of inpatient admissions in a general hospital by the client for medical reasons in the past year.</p> <p>At Discharge indicates number of inpatient admissions by the client since Admission to treatment. Do not include admissions into a hospital-based detoxification program.</p>		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Inpatient_Admissions</p> <p>Length: 3</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	---		

## PREVIOUS MENTAL TREATMENT

<b>Field Description</b>	<p>For Assessment and Admission indicates if the client has received treatment for a mental/psychological issues in the last twelve months. Mental Health conditions are those described in the Diagnostic and Statistical published by the American Psychiatric Association, but does not include the substance abuse.</p> <p>At Discharge indicates if the client has received treatment for a mental/psychological issue since Admission.</p>	
<b>Valid Entries</b>	<p><u>Previous Mental Treatment</u></p> <p>No/NA (default) 1</p> <p>Unknown 2</p> <p>With Hospitalization 3</p> <p>Include persons who received some portion of their treatment for a mental condition as an inpatient in a psychiatric or general hospital.</p> <p>With Outpatient Treatment 4</p> <p>Include persons who received treatment for a mental condition, but all treatment was on an outpatient basis. To be included, treatment should have consisted of at least four sessions with a mental health professional or administration of psychiatric medications for a minimum of 30 consecutive days.</p> <p>Not Collected [<i>Inactive 6/1/93</i>] 5</p>	<b>Target Codes</b>
<b>Business Rules</b>	Required Field	
<b>File References</b>	<p>TREATMENT_MILESTONE</p> <p>MENTAL_TREATMENT_TYPE_LUT</p>	

## **PREVIOUS MENTAL TREATMENT**

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<b>Field Information</b>	DASA Database (SQL)	Name:	Prev_Mental_Treatment
		Length:	1
		Type:	Tinyint, null
	(Look-up table only)	Name:	Mental_Treatment_Type_ID
		Length:	1
		Type:	Tinyint, not null
	(Look-up table only)	Name:	Mental_Treatment_Type_Desc
		Length:	50
		Type:	Varchar, null
<b>Data Element History</b>	---		

## PREVIOUS OUTPATIENT/CLINIC VISITS

<b>Field Description</b>	<p>For Assessment and Admission indicates number of medical outpatient and/or clinical visits by the client in the past year.</p> <p>At Discharge indicates number of medical outpatient and/or clinical visits by the client since Admission.</p>		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Outpatient_Visits Length: 3 Type: Tinyint, null</p>	
<b>Data Element History</b>	---		



## PRIMARY LANGUAGE

Field Description	Indicates the primary speaking language of the client as used in the home if that language is not English.			
Valid Entries	Primary Language	Target Code		Target Code
	American Sign Language	3	Malay	27
	Amharic	1	Mandarin	29
	Arabic	2	Marathi	30
	Cambodian	7	Mien	28
	Cantonese	5	Norwegian	31
	Chinese	6	Other Language	32
	Czech	8	Polish	33
	Dutch	9	Puyallup	34
	Farsi	10	Romanian	35
	Finnish	11	Russian	36
	French	12	Salish	38
	German	13	Samoan	37
	Greek	14	Spanish	39
	Gujarati	15	Tagalog	40
	Hindi	17	Thai	41
	Hmong	16	Tigrigna	42
	Hungarian	18	Ukrainian	43
	Ilocano	19	Unknown Language	44
	Indian (General)	20	Vietnamese	45
	Italian	21	Yakama	46
	Japanese	22		
	Korean	23	Braille [ <i>Inactive 11/15/01</i> ]	4
	Lakota Sioux	25	Large Print English	26
	Laotian	24	<i>[Inactive 11/15/01]</i>	
			Not Collected	47
			<i>[Inactive 6/1/93]</i>	
Business Rules	Required if English Speaking Skills field = Interpretive Services Needed			

## PRIMARY LANGUAGE

<b>File References</b>	LANGUAGE_LUT TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Language_ID 2 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Language_Desc 25 Varchar, null
<b>Data Element History</b>	Inactivated Not Collected 6/1/93 Inactivated Braille, this information is now stored as Uses_Braille in the TREATMENT_MILESTONE table 11/15/01 Inactivated Large Print English, this information is now stored as Uses_Large_Type_English in the TREATMENT_MILESTONE table 11/15/01		

## PST CODES

<b>Field Description</b>	Indicates the relative importance of the substance used in the order of seriousness of dependency as provided by the client and determined by the counselor.		
<b>Valid Entries</b>	<u>PST Codes</u>	<u>Target Codes</u>	
	Primary	1	
	Secondary	2	
	Tertiary	3	
<b>Business Rules</b>	Required Field  Entered automatically by the system based on the which Substance Used fields are filled out (first is Primary, second is Secondary and third is Tertiary)		
<b>File References</b>	SUBSTANCE_USED		
<b>Field Information</b>	DASA Database (SQL)	Name: Relative_Importance Length: 1 Type: Tinyint, not null	
<b>Data Element History</b>	---		

## **PSYCHOLOGICAL PROBLEMS**

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<b>Field Description</b>	Indicates how many days in the past thirty that the client reports having experienced psychological or emotional problems.		
<b>Valid Entries</b>	## from 0 through 30		
<b>Business Rules</b>	None		
<b>File References</b>	ASI_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:2 Type:	psych_prob_days  Tinyint, null
<b>Data Element History</b>	---		

## PUBLIC ASSISTANCE TYPE

<b>Field Description</b>	Indicates if the client is receiving assistance from a public assistance program. Food stamps are not included.	
<b>Valid Entries</b>	<u>Public Assistance Type</u>	<u>Target Codes</u>
	ADATSA	1
	Applicant	11
	General Assistance: Presumptive Disability	9
	General Assistance: Unemployable	8
	Medical Assistance Only	3
	None	4
	Refugee Assistance	12
	Supplemental Security Income	5
	Temporary Assistance for Needy Families (TANF)	7
	Aid to Families with Dependant Children [ <i>Inactive 7/1/01</i> ]	2
	General Assistance Pregnant [ <i>Inactive 11/15/01</i> ]	6
	Not Collected [ <i>Inactive 6/1/93</i> ]	10
<b>Business Rules</b>	<p>Defaults to None if Primary Source of Income does not equal Public Assistance.</p> <p>Must enter an option <b>other</b> than None if Primary Source of Income equals Public Assistance.</p> <p>Required Field</p>	

## PUBLIC ASSISTANCE TYPE

<b>File References</b>	PUBLIC_ASSIST_LUT SERVICE_FUNDING TREATMENT_MILESTONE (Inactive)		
<b>Field Information</b>	DASA Database	Name            Public_Assistance_Program Length:        2 Type:          Tinyint, null  File:          PUBLIC_ASSIST_LUT Name          Public_Assist_ID Length:        2 Type:          Tinyint, null  File:          PUBLIC_ASSIST_LUT Name          Public_Assist_Desc Length:        60 Type:          Varchar, null	
<b>Data Element History</b>	Public Assistance was moved from the TREATMENT_MILESTONE table to the SERVICE_FUNDING table. Existing entries for Public Assistance were left in the TREATMENT_MILESTONE table for historical reasons. <div style="text-align: right;">6/27/05</div>		

## RACE/ETHNICITY

Field Description	Indicates the race ethnicities the client or staff most strongly identifies with at the time of application for services. Up to four selections may be chosen.	
<b>Valid Entries</b>	<u>Race/Ethnicity</u>	<u>Target Codes</u>
	Asian Indian	8
	Black or African American	2
	Persons having origins in any of the black racial groups of Sub-Saharan Africa.	
	Cambodian	12
	Chinese	3
	Filipino	5
	Guamanian	6
	Hawaiian	7
	Japanese	9
	Korean	10
	Laotian	11
	Middle Eastern	24
	Native American	13
	Persons having origins in any of the original people of North America who maintain cultural identification through tribal affiliation.	
	Other Asian	23
	Other Pacific Islander	22
	Other Race	14
	Refused to Answer	15
	Samoan	16
	Thai	17
	Vietnamese	19
	White or European American	20
	Persons having origins in any of the people of Europe, North Africa, or the Middle East.	

## RACE/ETHNICITY

Valid Entries (Continued)	<u>Race/Ethnicity</u>			<u>Target Codes</u>
	Aleut [ <i>Inactive 11/15/01</i> ]			18
	Eskimo/Alaska Native [ <i>Inactive 11/15/01</i> ]			4
	Not Collected [ <i>Inactive 6/1/93</i> ]			25
	Other Asian/Pacific Islander [ <i>Inactive 11/15/01</i> ]			1
	Unknown [ <i>Inactive 11/15/01</i> ]			21
Business Rules	Required Field			
	Up to four selections may be chosen.  Inactive selections will not be displayed when creating a new client master record but will be displayed when editing a client master record.			
File References	CLIENT_RACE			
	FACILITY_STAFF_RACE  RACE_LUT			
Field Information	DASA Database (SQL)	Name: Length: Type:	Race_ID 2 Tinyint, null	
	(Look-up table only)	Name: Length: Type:	Race_Desc 2 Tinyint, null	
Data Element History	Inactivated Not Collected			6/1/93
	Inactivated Aleut			11/15/01
	Inactivated Eskimo/Alaska Native			11/15/01
	Inactivated Other Asian/Pacific Islander			11/15/01
	Inactivated Unknown			11/15/01



## REASON FOR TREATMENT INELIGIBILITY (ADATSA)

Field Description	Indicates the reason why the client is found ineligible for ADATSA funded treatment.		
Valid Entries	Form		
	<u>Code</u>	<u>Reason for Treatment Ineligibility</u>	<u>Target Codes</u>
	C	Not chemically dependent	1
	U	Not used in last 90 days	2
	L	Exhausted 180 day limit	3
	A	Not willing to accept treatment	4
	I	Not incapacitated	5
	E	Employed in last 30 days	6
	T	Not amenable to treatment	7
	M	Chose OST only	8
	Not Collected [ <i>Inactive 6/1/93</i> ]	9	
Business Rules	Must be selected if Assessment Type = ADATSA and ADATSA Treatment Eligibility = No  Defaults to null if Assessment Type = ADATSA and ADATSA Treatment Eligibility = Yes  Defaults to null if Assessment Type <> ADATSA		
File References	ASSESSMENT  NONELIG_REASON_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Non_Eligibility_Reason 1 Integer, null
		File: Name: Length: Type:	NONELIG_REASON_LUT Nonelig_Reason_ID 1 Integer, not null
	(Look-up table only)	Name: Length: Type:	Nonelig_Reason_Desc 50 Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## RECOMMENDED CONTINUING TREATMENT MODALITY

<b>Field Description</b>	If recommending continued alcohol/drug treatment, indicate the treatment service type the client is referred to upon discharge.		
<b>Valid Entries</b>	<u>Choices</u> Detoxification Group Care Enhancement Intensive Inpatient Intensive Outpatient Long-Term Residential Methadone/Opiate Substitution Treatment Outpatient Recovery House	<u>Target Codes</u> 2 4 5 6 7 11 13 14	
<b>Business Rules</b>	Must be left blank ("- select one -") if Discharge Type equals Client Died.		
<b>File References</b>	DISCHARGE MODALITY_LUT		
<b>Field Information</b>	DASA Database (SQL)  Lookup Table	Name: Length: Type:	Continuing_Modality_ID 2 Tinyint, null  Modality_ID 2 Tinyint, not null
<b>Data Element History</b>	---		

## REFERRING AGENCY

<b>Field Description</b>	<p>Agency number of the referring agency See the Directory of Certified Chemical Dependency Assessment and Treatment Services in Washington State (the "Greenbook").</p> <p>If an ADATSA Assessment was linked to this admission (by selecting the specific assessment from the Admission Setup screen) then this field will be updated with the agency number of the assessing agency.</p>		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	<p>Required field if ADATSA Admission</p> <p>Referring Agency number must be less than 700000</p> <p>Defaults to ADATSA Assessment Center for ADATSA Admissions</p>		
<b>File References</b>	ADMISSION		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Referring_Agency_Number</p> <p>Length: 6</p> <p>Type: Character, null</p>	
<b>Data Element History</b>	---		

## REFERRING ASSESSMENT DATE/TIME

<b>Field Description</b>	The date that the client was referred to this agency. If an ADATSA Assessment was linked to this admission (by selecting the specific assessment from the Admission Setup screen) then this field will be updated with the date/time of the ADATSA assessment.		
<b>Valid Entries</b>	dd/mm/yyyy	hh:mm	
<b>Business Rules</b>	Required if there is an entry in Referring Agency		
<b>File References</b>	ADMISSION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Referring_Assessment_DateTime 16 Datetime, null
<b>Data Element History</b>	---		

## REFERRING CSO

Field Description	Identifies the CSO/HCS if the client is referred from a DSHS Community Service Office.			
Valid Entries	<u>CSO</u>		<u>CSO</u>	
		Target Codes		Target Codes
	Aberdeen	14	Mount Vernon	29
	Aberdeen HCS	94	Mt Vernon / Oak Harbor HCS	101
	Alderwood	52	Neah Outstation	99
	Alderwood HCS	89	Newport	26
	Auburn	72	NW WorkFirst	67
	Bellingham	37	Oak Harbor	15
	Bellingham HCS	87	Okanogan	24
	Belltown	47	Okanogan HCS	77
	Bremerton	18	Olympia	34
	Bremerton HCS	88	Othello	1
	Capitol Hill	46	Pasco HCS	84
	Chehalis	21	Pasco-Franklin	11
	Chehalis HCS	95	Pierce South	48
	Clarkston (Asotin co.)	2	Port Angeles	5
	Clarkston HCS	86	Port Angeles HCS	93
	Colfax	38	Port Townsend	16
	Columbia River	53	Port Townsend HCS	102
	Colville HCS	78	Puyallup Valley	51
	Ellensburg	19	Rainier	41
	Everett	31	Renton/Holgate	80
	Everett HCS	92	Republic	10
	Federal Way	45	Shelton	23
	Forks	64	Shelton HCS	103
	Friday Harbor	28	Skykomish HCS	90
	Goldendale	62	Skykomish Valley	68
	Kelso	8	Smokey Point	65
	Kelso/Long Beach HCS	97	Smokey Point HCS	91
	Kennewick	3	South Bend	25
	King Eastside	40	South Bend / Kelso HCS	104
	King North	42	Spokane Central	32
	King South	43	Spokane HCS	57
	Long Beach	71	Spokane North	59
	Long Beach HCS	100	Spokane Southwest	60
	Mattawa	129	Spokane Valley	58
	Moses Lake	13	Stevenson	30
	Moses Lake HCS	81	Stevenson HCS	105

## REFERRING CSO

<b>Valid Entries (Continued)</b>	<table> <tr> <th><u>CSO</u></th><th><u>Target Codes</u></th></tr> <tr><td>Sunnyside</td><td>54</td></tr> <tr><td>Sunnyside HCS</td><td>83</td></tr> <tr><td>Tacoma HCS</td><td>66</td></tr> <tr><td>Tricounty</td><td>33</td></tr> <tr><td>Vancouver</td><td>6</td></tr> <tr><td>Vancouver HCS</td><td>98</td></tr> <tr><td>Walla Walla</td><td>36</td></tr> <tr><td>Walla Walla HCS</td><td>85</td></tr> <tr><td>Wapato</td><td>75</td></tr> <tr><td>Wenatchee</td><td>4</td></tr> <tr><td>Wenatchee HCS</td><td>79</td></tr> <tr><td>White Center</td><td>44</td></tr> <tr><td>White Salmon</td><td>20</td></tr> <tr><td>White Salmon HCS</td><td>106</td></tr> <tr><td>Yakima</td><td>39</td></tr> <tr><td>Yakima/Ellensburg HCS</td><td>82</td></tr> </table>	<u>CSO</u>	<u>Target Codes</u>	Sunnyside	54	Sunnyside HCS	83	Tacoma HCS	66	Tricounty	33	Vancouver	6	Vancouver HCS	98	Walla Walla	36	Walla Walla HCS	85	Wapato	75	Wenatchee	4	Wenatchee HCS	79	White Center	44	White Salmon	20	White Salmon HCS	106	Yakima	39	Yakima/Ellensburg HCS	82
<u>CSO</u>	<u>Target Codes</u>																																		
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White Salmon HCS	106																																		
Yakima	39																																		
Yakima/Ellensburg HCS	82																																		
<b>Business Rules</b>	<p>Required field if Assessment Type equals ADATSA</p> <p>Required field if Referral Date is entered</p>																																		
<b>File References</b>	<p>ADMISSION</p> <p>ASSESSMENT</p> <p>COMMUNITY_SERVICE_OFFICE_LUT</p>																																		
<b>Field Information</b>	<table> <tr> <td data-bbox="446 1287 771 1360">DASA Database (SQL)</td><td data-bbox="771 1287 1461 1360"> File: COMMUNITY_SERVICE_OFFICE_LUT  Name: CSO_ID  Length: 3  Type: Int, not null </td></tr> <tr> <td></td><td data-bbox="771 1455 1461 1570"> Name: Service_Office_Name  Length: 35  Type: Varchar, null </td></tr> <tr> <td></td><td data-bbox="771 1602 1461 1780"> File: ADMISSION  File: ASSESSMENT  Name: Referring_CSO_ID  Length: 3  Type: Int, null </td></tr> </table>	DASA Database (SQL)	File: COMMUNITY_SERVICE_OFFICE_LUT Name: CSO_ID Length: 3 Type: Int, not null		Name: Service_Office_Name Length: 35 Type: Varchar, null		File: ADMISSION File: ASSESSMENT Name: Referring_CSO_ID Length: 3 Type: Int, null																												
DASA Database (SQL)	File: COMMUNITY_SERVICE_OFFICE_LUT Name: CSO_ID Length: 3 Type: Int, not null																																		
	Name: Service_Office_Name Length: 35 Type: Varchar, null																																		
	File: ADMISSION File: ASSESSMENT Name: Referring_CSO_ID Length: 3 Type: Int, null																																		

## REFERRING CSO

<b>Data Element History</b>	Inactivated:		7/1/05
	Cathlamet	35	
	Clarkston Outstation	12	
	Davenport	22	
	Dayton	7	
	Elma	61	
	Grandview	70	
	King North/Lake City	74	
	Medical Elig Determ Sect	76	
	Olympia HCS	96	
	Pierce North	49	
	Renton/Holgate HCS	56	
	Toppenish	50	
	Wenatchee-Douglas	9	
	West Seattle	55	
	Yakima-Kittitas	69	
	Renamed:		7/1/05
	<u>Old Name</u>	<u>Change</u>	
	Orchards	53	rename "Columbia River"
	Renton/Holgate CSO	80	rename - remove " CSO"
	Wenatchee- Chelan	4	rename - remove " - Chelan"
	Ballard	42	rename "King North"
	Pierce West	67	rename "NW WorkFirst"
	Spokane East	58	rename "Spokane Valley"
	Burien	44	rename "White Center"

## RELATIONSHIP PROBLEMS

Field Description	Indicates situations where there have been significant periods of time within the last thirty days in which the client has experienced serious problems getting along with various social contacts.		
Valid Entries	Specific responses are given for each of the following individuals:		
	<u>Relationship</u>	<u>Target Codes</u>	
	Mother	1	
	Father	2	
	Brother/Sister	3	
	Spouse/Sexual Partner	4	
	Children	5	
	Other Significant Family Member	6	
	Close Friends	7	
	Neighbors	8	
	Co-Workers	9	
	Not Collected	10	
None	11		
Business Rules	None		
File References	RELATIONSHIP_PROBLEM PERSONAL_RELATIONSHIP_TYPE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Personal_Relationship_Type_ID 4 Integer, not null
	(Look-up table only)	Name: Length: Type:	Personal_Relationship_Type_Desc 50 Varchar, null
Data Element History	---		



## RESIDENCY

Field Description	Indicates the client's current primary residence at the time of Assessment, Admission or Discharge.	
Valid Entries	<u>Residency</u>	<u>Target Codes</u>
	Controlled Environment This includes living situations where the client is not free to come and go without restriction. Examples of this might be house arrest, tracking anklets or a residence where the client has to sign in and out of.	15
	Drug Free Shared Housing/Transitional Housing Include persons living in a drug free, shared housing or transitional housing situation.	1
	Foster/Group Homes Include persons living in facilities that provide social or therapeutic services, foster emotional support, or group cohesion, in addition to housing, such as residential treatment programs, halfway houses, youth camps and fraternity houses. Do not include dormitory-like shelters for the homeless or facilities in which individuals are normally restricted from leaving because of illness or legal constraints.	2
	Homeless Shelter/Mission Include persons living in facilities specifically operated to provide emergency or temporary housing to homeless individuals or families. Include those facilities that are set up with common sleeping and/or eating areas for unrelated individuals. Also include shelters for runaways or abused women. Do not include persons living in housing for the homeless made up of living units that provide separate sleeping and eating facilities for the individual or family.	5
	Hospital/Other Institution Include persons who were confined to a general or psychiatric hospital; nursing home; orphanage; military barracks; or other facility in which the freedom to leave is generally restricted by illness or legal status.	3
	Jail/Prison Include any detention home or correctional agency providing 24-hour confinement of persons awaiting adjudication or who have been convicted of crimes.	4

## RESIDENCY

Valid Entries (Continued)	<u>Residency</u>	<u>Target Codes</u>
	<b>No Stable Arrangement</b> The client lives in a series of temporary places to stay, typically with family or friends, in which there is no permanent residence	16
	<b>On the Street</b> Include persons who spent the major portion of the week sleeping on the street, or in places such as abandoned buildings, automobiles, parks, or other public areas.	6
	<b>Personal Residence</b> Include individuals living in detached houses; duplexes; apartment buildings; mobile homes; residential hotels; or other quarters designed for long-term individual or family occupancy, regardless of whether the person is living alone, or with family, friends, or roommates. To be considered a personal residence, the living quarters must contain a sleeping area with an attached kitchen.	8
	<b>Single Room Occupancy</b> Include persons who reside in a single room occupancy situation, such as a hotel.	10
	<b>Student Residence</b> Include persons who live in a dormitory or other student residence.	17
	<b>Transient Quarters</b> Include individuals or families living in detached houses; duplexes; apartment buildings; mobile homes or other quarters designed for long or short term temporary occupancy.	11
	<b>Not Collected</b> [ <i>Inactive 6/1/93</i> ]	14
	<b>Other</b> [ <i>Inactive 11/15/01</i> ]	7
	<b>Pre-Release Center</b> [ <i>Inactive 11/15/01</i> ]	9
	<b>Unknown</b> [ <i>Inactive 11/15/01</i> ]	12
	<b>Work Release Training Center</b> [ <i>Inactive 11/15/01</i> ]	13

## RESIDENCY

<b>Business Rules</b>	Required Field		
<b>File References</b>	TREATMENT_MILESTONE RESIDENCE_TYPE_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Residence_Type_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Residence_Desc 45 Varchar, null
<b>Data Element History</b>	Inactivated Not Collected		6/1/93
	Inactivated Other		11/15/01
	Inactivated Pre-Release Center		11/15/01
	Inactivated Unknown		11/15/01
	Inactivated Work Release Training Center		11/15/01

## RESIDENTIAL FLAG

<b>Field Description</b>	Indicates whether a particular modality is a residential modality. The data base administrator sets this up when a new modality is added to the look-up table.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	MODALITY_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Residential_Flag 1 Tinyint, Null
<b>Data Element History</b>	Changed the value of "No" from Null to 0		1/30/2005

## RUNAWAY YOUTH

Field Description	Indicates how many times, if any, the client has run away from home in the last 12 months. Only applies to clients under 18 years of age.		
Valid Entries	<u>Runaway</u>	<u>Target Codes</u>	
	0 Times	0	
	1 Time	1	
	2 Times	2	
	3 Times	3	
	4 Times	4	
	5 Times	5	
	6-10 Times	6	
	11-20 Times	7	
	More than 20 times	8	
	Not Applicable	9	
	Not collected [ <i>Inactive 6/1/93</i> ]	10	
Business Rules	None		
File References	TREATMENT_MILESTONE RUNAWAY_COUNT_LUT		
Field Information	DASA Database (SQL)	Name:	Runaway_Count_ID
		Length:	2
		Type:	Tinyint, null
	(Look-up table only)	Type:	Tinyint, not null
(Look-up table only)		Name:	Runaway_Count_Desc
		Length:	50
		Type:	Varchar, null
Data Element History	Inactivated Not Collected		6/1/93

## SCHOOL - EXPELLED

<b>Field Description</b>	How many schools has the client been expelled from in the last twelve months? Enter the quantity in whole numbers. Enter all expulsions regardless of different schools or school districts involved.		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	Required field		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:3 Type:	Explusion_Count  Tinyint, null
<b>Data Element History</b>	---		

## SCHOOL - SUSPENSIONS

<b>Field Description</b>	How many times has the client been suspended from school in the last twelve months? Enter the quantity in whole numbers. Enter all suspensions regardless of different schools or school districts involved.		
<b>Valid Entries</b>	Valid number from 0 – 255.		
<b>Business Rules</b>	Required field		
<b>File References</b>	TREATMENT_MILESTONES		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:3 Type:	Suspension_Count  Tinyint, null
<b>Data Element History</b>	---		

## SCHOOL STATUS

Field Description	Indicates if the client is currently enrolled in school.		
Valid Entries	<u>School Status</u>		<u>Target Codes</u>
	Dropped Out		6
	Expelled		5
	Full Time		2
	Not Enrolled		1
	Part Time		3
	Suspended		4
	Not collected (for old SAMS forms only) [Inactive 11/15/01]		7
Business Rules	Required Field		
File References	TREATMENT_MILESTONE SCHOOL_STATUS_LUT		
Field Information	DASA Database (SQL)	Name:	School_Status_ID
		Length:	1
		Type:	Tinyint, null
	(Look-up table only)	Type:	Tinyint, not null
	(Look-up table only)	Name:	School_Status_Desc
		Length:	25
	Type:	Varchar, null	
Data Element History	Inactivated Not Collected		11/15/01



## SCHOOL TYPE

Field Description	Indicates the type of school, if any, the client is currently enrolled in.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Academic	2	
	Not in School/NA	1	
	Other/Alternative	4	
	Vocational/Technical	3	
Business Rules	Required Field		
	Must equal Not in school if School Status equals None.		
	Cannot equal Not in school if School Status equals Academic, Other/Alternative or Vocational/Technical.		
File References	TREATMENT_MILESTONE SCHOOL_TYPE_LUT		
Field Information	DASA Database (SQL)	Name:	School_Type_ID
		Length:	1
		Type:	Tinyint, null
	(Look-up table)	Name:	School_Type_Desc
		Length:	35
		Type:	Varchar, null
Data Element History	---		

## SERVICE FUNDING DATE/TIME

<b>Field Description</b>	The date and time of the service funding. Represents Assessment, Admission or Change of Funding Date		
<b>Valid Entries</b>	Format: mm/dd/yyyy hh:mm AM/PM (12-hour format)		
<b>Business Rules</b>	Required Field		
<b>File References</b>	SERVICE_FUNDING		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Service_Funding_DateTime 16 Datetime, not null
<b>Data Element History</b>	---		

## SERVICE FUNDING TYPE

<b>Field Description</b>	Indicates type of milestone record in the SERVICE-FUNDING table.		
<b>Valid Entries</b>	<u>Funding Type</u>	<u>Target Codes</u>	
	Assessment	1	
	Admission	2	
<b>Business Rules</b>	This is a system variable		
<b>File References</b>	SERVICE_FUNDING		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Service_Funding_Type 1 Tinyint, null
<b>Data Element History</b>	---		

## SERVICE HOURS/MINUTES (SUPPORT)

Field Description	Indicates the number of service hours involved in the support activity.  Agencies are required to report contracted non-treatment support activities.																	
Valid Entries	## : ##																	
Business Rules	Must be less than or equal to 12 hours.  Required for Group Support Activities  Either Service or Staff Hours/Minutes is required for Client Support Activity.  An entry into one of the four quantity fields in the Support Activity file (Service Hours, Staff Hours, Number of Persons/Students or Other Quantity) is required.																	
File References	CLIENT_SUPPORT ACTIVITY  FACILITY_SUPPORT_ACTIVITY																	
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Service_Hours</td></tr><tr><td>Length:</td><td>4</td></tr><tr><td>Type:</td><td>Integer, null</td></tr><tr><td colspan="2"> </td></tr><tr><td>Name:</td><td>Service_Minutes</td></tr><tr><td>Length:</td><td>2</td></tr><tr><td>Type:</td><td>Tinyint, null</td></tr></table>			DASA Database (SQL)	Name:	Service_Hours	Length:	4	Type:	Integer, null			Name:	Service_Minutes	Length:	2	Type:	Tinyint, null
DASA Database (SQL)	Name:	Service_Hours																
	Length:	4																
	Type:	Integer, null																
	Name:	Service_Minutes																
	Length:	2																
Type:	Tinyint, null																	
Data Element History	---																	

## SEXUAL ORIENTATION

<b>Field Description</b>	Select from the category the sexual orientation reported by the client. Sexual orientation - may be defined as the erotic and affectional (or loving) attraction to another person, including erotic fantasy, erotic activity or behavior, and affectional needs.	
<b>Valid Entries</b>	<u>Sexual Orientation</u> Bisexual Term for women and men whose sexual/affectional identity is oriented to members of both the same and opposite sex. Choosing not to disclose Generally this option may be used when an individual is uncomfortable or unwilling to disclose their sexual orientation. Gay/Lesbian Descriptive terms used to denote a same-sex orientation even though that interest may not be overtly expressed. Heterosexual Attraction to persons of the opposite sex Questioning Term generally used for adolescents who may be in the process of becoming more comfortable with their sexual orientation identification. Usually describes a youth who may be exploring identifying as gay/lesbian in a culture that generally assumes identification as heterosexual. Transgender Refers to individuals whose psychological gender, or how they perceive themselves, is not the same as their biological sexual identity. Some, but not all, of these individuals have their sex changed surgically to fit with their psychological identity. Not Collected	<u>Target Codes</u> 3 6 2 1 5 4 7
<b>Business Rules</b>	None	

## SEXUAL ORIENTATION

<b>File References</b>	SEXUAL_ORIENTATION_LUT TREATMENT_MILESTONE		
<b>Field Information</b>	<p>DASA Database (SQL)</p> <p>(Look-up table only)</p>	<p>Name: Sexual_Orientation_ID</p> <p>Length: 1</p> <p>Type: Tinyint, null</p> <p>Name: Sexual_Orientation_Desc</p> <p>Length: 50</p> <p>Type: Varchar, null</p>	
<b>Data Element History</b>	---		

## SOCIAL SECURITY NUMBER

<b>Field Description</b>	Indicates the client's Social Security Number.		
<b>Valid Entries</b>	###-##-####		
<b>Business Rules</b>	Required Field for ADATSA clients		
<b>File References</b>	CLIENT_MASTER		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Client_Social_Security_Number 11 Varchar, null
<b>Data Element History</b>	---		

## SOURCE OF INCOME

Field Description	Indicates the client's current primary source of income.		
Valid Entries	<u>Source of Income</u>		<u>Target Codes</u>
	Disability Compensation		2
	Family/Friend (most youth fall here)		3
	None		4
	Other		5
	Public Assistance		6
	Retirement Pension		7
	Supplemental Security Income (SSI)		11
	Unemployment Compensation		1
	Wages/Salary		9
	Not Collected [ <i>Inactive 6/1/93</i> ]		10
	Unknown [ <i>Inactive 11/15/01</i> ]		8
Business Rules	Required Field		
File References	TREATMENT_MILESTONE PRIMARY_INCOME_LUT		
Field Information	DASA Database (SQL)		Name: Primary_Income_Source Length: 2 Type: Tinyint, null
			File: PRIMARY_INCOME_LUT Name: Primary_Income_ID Length: 2 Type: Tinyint, not null
Data Element History	Inactivated Not Collected		6/1/93
	Inactivated Unknown		11/15/01



## SPANISH/HISPANIC/LATINO

Field Description	Indicates the Hispanic origin of the client or staff. Hispanic denotes a place of origin or cultural affiliation rather than a race i.e. a person can be both white and Hispanic or black and Hispanic and so on.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Cuban	1	
	Mexican, Mexican-American, Chicano	2	
	Not Spanish/Hispanic/Latino	3	
	Other Spanish/Hispanic/Latino Origin	4	
	Puerto Rican	5	
	Refused to answer	6	
	Unknown	7	
	Not Collected	8	
Business Rules	Required Field		
File References	CLIENT_MASTER FACILITY_STAFF HISPANIC_LUT		
Field Information	DASA Database (SQL)	Name: Client_Hispanic_Origin Length:1 Type: Tinyint, null	
		File: FACILITY_STAFF File: HISPANIC_LUT Name: Hispanic_ID Length:1 Type: Tinyint, null	
	(Look-up table only)	Name: Hispanic_Desc Length:40 Type: Varchar, null	
Data Element History	---		

## SPECIAL PROJECT- AGENCY

<b>Field Description</b>	Indicates a specific provider project or contract funds. Values assigned in consultation with DASA staff.		
<b>Valid Entries</b>	Text and numeric		
<b>Business Rules</b>	None		
<b>File References</b>	SERVICE_FUNDING SPECIAL_PROJECT_LUT		
<b>Field Information</b>	DASA Database (SQL)  Look up Table	Name: Length: Type: Name: Length: Type: Name: Length: Type:	Agency_Special_Project_ID 4 Integer, null Special_Project_ID 4 Integer, not null Special_Project_Desc 60 VarChar, null
<b>Data Element History</b>	---		

## SPECIAL PROJECT- COUNTY

<b>Field Description</b>	Indicates a specific county project or contract funds. Values assigned under the direction of DASA staff. <b>DO NOT USE WITHOUT CONSULTING DASA!</b>		
<b>Valid Entries</b>	Text and numeric		
<b>Business Rules</b>	None		
<b>File References</b>	SERVICE_FUNDING SPECIAL_PROJECT_LUT		
<b>Field Information</b>	DASA Database (SQL)  Look up Table	Name: Length: Type: Name: Length: Type: Name: Length: Type:	County_Special_Project_ID 4 Integer, null Special_Project_ID 4 Integer, not null Special_Project_Desc 60 VarChar, null
<b>Data Element History</b>	---		

## SPECIAL PROJECT- STATE

Field Description	Indicates a specific state project or contract funds. Values assigned under the direction of DASA staff. <b>DO NOT USE WITHOUT CONSULTING DASA!</b>																									
Valid Entries	Text and numeric																									
Business Rules	None																									
File References	SERVICE_FUNDING SPECIAL_PROJECT_LUT																									
Field Information	<table><tr><td rowspan="3">DASA Database (SQL)</td><td>Name:</td><td>State_Special_Project_ID</td></tr><tr><td>Length:</td><td>4</td></tr><tr><td>Type:</td><td>Integer, null</td></tr><tr><td rowspan="3">Look up Table</td><td>Name:</td><td>Special_Project_ID</td></tr><tr><td>Length:</td><td>4</td></tr><tr><td>Type:</td><td>Integer, not null</td></tr><tr><td></td><td>Name:</td><td>Special_Project_Desc</td></tr><tr><td></td><td>Length:</td><td>60</td></tr><tr><td></td><td>Type:</td><td>VarChar, null</td></tr></table>			DASA Database (SQL)	Name:	State_Special_Project_ID	Length:	4	Type:	Integer, null	Look up Table	Name:	Special_Project_ID	Length:	4	Type:	Integer, not null		Name:	Special_Project_Desc		Length:	60		Type:	VarChar, null
DASA Database (SQL)	Name:	State_Special_Project_ID																								
	Length:	4																								
	Type:	Integer, null																								
Look up Table	Name:	Special_Project_ID																								
	Length:	4																								
	Type:	Integer, not null																								
	Name:	Special_Project_Desc																								
	Length:	60																								
	Type:	VarChar, null																								
Data Element History	---																									

## SPECIAL PROJECT TYPE

Field Description	Indicates the category of Special Project.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Agency	3	
	County	2	
	State	1	
Business Rules	Required Field		
File References	SPECIAL_PROJECT_LUT SPECIAL_PROJECT_TYPE_LUT		
Field Information	DASA Database (SQL)	Name:	Special_Proj_Type_ID
		Length:	1
		Type:	Tinyint, not null
		Name:	Special_Project_Type_Desc
		Length:	50
		Type:	Varchar, null
Data Element History	---		

## STAFF AND VOLUNTEER HOURS (SUPPORT)

Field Description	<p>Indicates the number of staff hours for the support activity. The strategy for reporting these hours is determined by the providers contract with county and/or DASA office.</p> <p>If this is not a contracted service and the agency wishes to report it, the agency program staff will need to determine the reporting strategy.</p> <p>These fields were purposely designed to allow flexibility in reporting.</p>															
Valid Entries	##### : ##															
Business Rules	An entry into one of the four quantity fields in the Support Activities file (Staff Hours, Service Hours, Number of Persons/Students or Other Quantity) is required.															
File References	CLIENT_SUPPORT ACTIVITY FACILITY_SUPPORT_ACTIVITY															
Field Information	<table><tr><td rowspan="6">DASA Database (SQL)</td><td>Name:</td><td>Staff_Hours</td></tr><tr><td>Length:</td><td>6</td></tr><tr><td>Type:</td><td>Integer, null</td></tr><tr><td>Name:</td><td>Staff_Minutes</td></tr><tr><td>Length:</td><td>6</td></tr><tr><td>Type:</td><td>Integer, null</td></tr></table>			DASA Database (SQL)	Name:	Staff_Hours	Length:	6	Type:	Integer, null	Name:	Staff_Minutes	Length:	6	Type:	Integer, null
DASA Database (SQL)	Name:	Staff_Hours														
	Length:	6														
	Type:	Integer, null														
	Name:	Staff_Minutes														
	Length:	6														
	Type:	Integer, null														
Data Element History	---															

## STAFF IDENTIFICATION

Field Description	Indicates the ID of the staff (the initials or other identifying tag for the staff member). This Identifier may be up to five characters in length.		
Valid Entries	Alphanumeric characters only		
Business Rules	Required Field Only a TARGET Data Entry Operator can modify or add staff information. Once the Agency Staff record is saved the Staff Identification field may not be modified. The field may contain alphanumeric characters only. In other tables it is validated against Staff_ID in the FACILITY_STAFF file		
File References	ASSESSMENT CLIENT_SUPPORT_ACTIVITY DISCHARGE FACILITY_STAFF	FACILITY_STAFF_RACE FACILITY_SUPPORT_ACTIVITY TREATMENT_ACTIVITY	
Field Information	DASA Database (SQL)	Name: Length: Type:	Staff_ID 5 Varchar, not null
Data Element History	---		

## STAFF ID - ADMISSION

<b>Field Description</b>	Name of staff member who completed the Admission.		
<b>Valid Entries</b>	Entries are selected from a listing of staff currently active or have an end date within 30 days of the current date		
<b>Business Rules</b>	None		
<b>File References</b>	ADMISSION FACILITY_STAFF		
<b>Field Information</b>	DASA Database ADMISSION  FACILITY_STAFF	Name: Length: Type:	Admission_Staff_ID 5 Varchar null  Staff_ID 5 Varchar null
<b>Data Element History</b>	---		



## STAFF ID - CASE MONITOR

Field Description	The field indicating the staff name of the client's Case Monitor.																				
Valid Entries	Select the name of the case monitor.																				
Business Rules	Required Field for ADATSA assessments Staff names are set up in the Agency Staff screen.																				
File References	FACILITY_STAFF ASSESSMENT																				
Field Information	<table><tr><td>DASA Database</td><td>Name:</td><td>Case_Monitor</td></tr><tr><td>ASSESSMENT</td><td>Length:</td><td>5</td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr><tr><td>FACILITY_STAFF</td><td>Name:</td><td>Staff_ID</td></tr><tr><td></td><td>Length:</td><td>5</td></tr><tr><td></td><td>Type:</td><td>Varchar, not null</td></tr></table>			DASA Database	Name:	Case_Monitor	ASSESSMENT	Length:	5		Type:	Varchar, null	FACILITY_STAFF	Name:	Staff_ID		Length:	5		Type:	Varchar, not null
DASA Database	Name:	Case_Monitor																			
ASSESSMENT	Length:	5																			
	Type:	Varchar, null																			
FACILITY_STAFF	Name:	Staff_ID																			
	Length:	5																			
	Type:	Varchar, not null																			
Data Element History	---																				

## STAFF ID - CLOSURE

Field Description	Name of staff member who closed the Assessment.																				
Valid Entries	Name of staff member from drop down list.																				
Business Rules	For Non-ADATSA Assessments the Closure_Staff_ID is set to the Staff ID in the Assessment.  For ADATSA Assessments the Closure_Staff_ID is entered in the ADATSA Closure screen.  Validated against Staff_ID in the FACILITY_STAFF file																				
File References	ASSESSMENT  FACILITY_STAFF																				
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	Type:	Varchar null																			
FACILITY_STAFF	Name:	Staff_ID																			
	Length:	5																			
	Type:	Varchar null																			
Data Element History	---																				

## STAFF ID - COUNSELOR

Field Description	Name of primary counselor who works with the client.																				
Valid Entries	Name of counselor from drop down list.																				
Business Rules	Only currently active counselors can be selected in the Admission add field.  While processing an Admission Update only counselors active at the agency at the time of the admission or later can be selected.  Validated against Staff_ID in the FACILITY_STAFF file																				
File References	ADMISSION  FACILITY_STAFF																				
Field Information	<table><tr><td>DASA Database</td><td>Name:</td><td>Counselor_Staff_ID</td></tr><tr><td>ADMISSION</td><td>Length:</td><td>5</td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr><tr><td>FACILITY_STAFF</td><td>Name:</td><td>Staff_ID</td></tr><tr><td></td><td>Length:</td><td>5</td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr></table>			DASA Database	Name:	Counselor_Staff_ID	ADMISSION	Length:	5		Type:	Varchar, null	FACILITY_STAFF	Name:	Staff_ID		Length:	5		Type:	Varchar, null
DASA Database	Name:	Counselor_Staff_ID																			
ADMISSION	Length:	5																			
	Type:	Varchar, null																			
FACILITY_STAFF	Name:	Staff_ID																			
	Length:	5																			
	Type:	Varchar, null																			
Data Element History	---																				

## STATE

<b>Field Description</b>	Indicates the two-letter abbreviation of the state where the client currently resides. If transient, use the state abbreviation where the agency is located.		
<b>Valid Entries</b>	From Java Script list.		
<b>Business Rules</b>	WA (Default) Must be a valid state code Field is validated against a Java Script list.		
<b>File References</b>	CLIENT_ADDRESS		
<b>Field Information</b>	DASA Database (SQL)	Name: State Length: 2 Type: Character, null	
<b>Data Element History</b>	---		

## STATUS DATE

<b>Field Description</b>	This is the date at which the client permitted, refused or revoked the DSHS Client Registry Release form.		
<b>Valid Entries</b>	mm/dd/yyyy		
<b>Business Rules</b>	<p>This is a required field if the Client Registry Participation field is entered.</p> <p>No valid entries in this field if Client Registry Participation is not entered.</p> <p>Date cannot be greater than current date.</p>		
<b>File References</b>	CLIENT_REGISTRY		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Expiration_Date 16 Datetime, null
<b>Data Element History</b>	---		

## STATUTORY MAX

<b>Field Description</b>	This is the date that Department of Corrections supervision ends.		
<b>Valid Entries</b>	mm/dd/yyyy		
<b>Business Rules</b>	Required if a DOC Consent Date is entered.		
<b>File References</b>	DEPARTMENTAL_COLLABORATION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Statutory_Max 8 datetime, null
<b>Data Element History</b>	Added		7/1/05

## STD TEST

Field Description	Indicate the number of times the client has been tested for sexually transmitted diseases (STD) in the last twelve months. This does not include tests specifically for HIV.		
Valid Entries	Valid number from 0 – 255.		
Business Rules	None		
File References	TREATMENT_MILESTONE		
Field Information	DASA Database (SQL)	Name: STD_Test_Count Length:3 Type: Tinyint, null	
Data Element History	---		

## STREET ADDRESS

<b>Field Description</b>	Indicates the street address where the client currently resides.		
<b>Valid Entries</b>	Fill in up to 120 characters per each of the two lines		
<b>Business Rules</b>	Use the agency address for homeless clients.		
<b>File References</b>	CLIENT ADDRESS		
<b>Field Information</b>	<div> DASA Database (SQL) <div> Name: Street_Address1  Length: 120  Type: Varchar, null </div> <div> Name: Street_Address2  Length: 120  Type: Varchar, null </div> </div>		
<b>Data Element History</b>	---		



## SUBSTANCE

Field Description	Indicates the specific substance or substance category the client used or is using. If the substance used by the client is not on the list use the closest category match.	
Valid Entries	Form Code <u>Substance</u>	Target Codes
	1    Alcohol	4
	2    Amphetamines includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs	7
	3    Barbiturates includes Phenobarbital, Seconal, Numbutal, etc.	5
	4    Benzodiazepines includes Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam and Halazepam	17
	5    Cocaine/Crack	8
	6    Hallucinogens includes LSD, DMT, STP mescaline, psilocybin, peyote, etc	10
	7    Heroin	1
	8    Inhalants Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc	11
	9    Major Tranquilizers	13
	10   Marijuana - Cannabis Includes THC and any other cannabis preparations	9
	11   Methamphetamine	15
	12   No substance abuse	20
	13   Other	21
	14   Other sedatives or hypnotics includes chloral hydrate, Placidyl, Doriden, etc.	6
	15   Other Opiates and Synthetics	3

## SUBSTANCE

Valid Entries (Continued)	Form <u>Code</u>	<u>Substance</u>	Target <u>Codes</u>
	16	Over the counter includes aspirin, cough syrup, Sominex and any other legally obtained, nonprescription medication.	12
	17	Oxy/Hydro Codone includes opiate like analgesic or pain killing medications like Vicodin or Oxycontin.	24
	18	PCP (Phencylidine)	14
	19	Prescribed Opiate Substitute	18
	20	Substance Unknown	22
	21	Tobacco products (this can not be primary)	19
		Non-Rx Methadone [ <i>Inactive 11/15/01</i> ]	2
		Not Collected [ <i>Inactive 6/1/93</i> ]	23
		Other Stimulants [ <i>Inactive 11/15/01</i> ]	16
Business Rules	An entry is required for all three Substance fields. A Substance (except for No Substance) cannot be selected more than once. Assessment - Primary Substance cannot be Tobacco, Unknown or Not Collected Admission or Discharge - Primary Substance cannot be No Substance, Tobacco, Unknown or Not Collected		
File References	SUBSTANCE_LUT SUBSTANCE_USED		
Field Information	DASA Database (SQL)	Name: Length:2 Type:	Substance_ID  Tinyint, null
	(Look-up table only)	Name: Length:35 Type:	Substance_Desc  Varchar, null
Data Element History	Inactivated Not Collected		6/1/93
	Inactivated Non-Rx Methadone		11/15/01
	Added Oxy/Hydro Codone		7/1/05

## SUGGEST PUBLIC ASSISTANCE

<b>Field Description</b>	Indicates whether the counselor suggested that the client apply for DSHS public assistance.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No (default)	0	
<b>Business Rules</b>	None		
<b>File References</b>	ASSESSMENT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Suggest_Public_Assistance 1 Tinyint, null
<b>Data Element History</b>	---		

## TARGET REPORTING MONITOR

<b>Field Description</b>	<b>For DASA use only.</b>  Indicates who has primary responsibility for monitoring TARGET reporting and determines which agencies are included for the "Review of Data Quality - Report #1" (which reports both Delinquent Cases and % of Discharge Records Updated at Discharge).		
<b>Valid Entries</b>	Non-ADATSA Assessment Only <span style="float: right;">A</span> DOC - Dept. of Corrections <span style="float: right;">C</span> Group Care Program Manager - Modality of GC <b>only</b> <span style="float: right;">G</span> Regional Administrator & County Coordinator. <span style="float: right;">J</span> (Use "J" for County Contracted facilities, and County sub-contracted facilities - Modality of "DX", "IO", "MO", "MT", or "OP" even if the facility also provides some residential services.) Private Pay <span style="float: right;">P</span> Regional Administrator & Residential Services Manager <span style="float: right;">R</span> (Use "R" if the facility provides only residential services: i.e. Modality of "DD", "EC", "II", "LT", "MR", or "RH" <b>only</b> .) Treatment Accountability for Safer Communities (TASC) Manager <span style="float: right;">S</span> TH Program Manager - Modality of TH <b>only</b> <span style="float: right;">T</span> EVEREST reporting (Prevention) <span style="float: right;">U</span>		
<b>Business Rules</b>	Required Field - will default to J		
<b>File References</b>	TARGET_REPORTING TARGET_REPORTING_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	TARGET_Reporting_Monitor 1 Character, null
<b>Data Element History</b>	---		

## TELEPHONE NUMBER

<b>Field Description</b>	Indicates the client's current home phone number or where a message can be left.		
<b>Valid Entries</b>	(###) ###-#### (####)		
<b>Business Rules</b>	None		
<b>File References</b>	CLIENT_PHONE		
<b>Field Information</b>	<div> DASA Database (SQL) <div> <div> Name: Area_Code  Length: 3  Type: Character, null </div> <div> Name: Phone_Number  Length: 8  Type: Character, null </div> <div> Name: Phone_Extension  Length: 4  Type: Character, null </div> </div> </div>		
<b>Data Element History</b>	---		

## TITLE XIX FUNDED

Field Description	Indicates whether the service is being funded under the Title XIX contract.		
Valid Entries	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
Business Rules	Required Field		
	Title XIX Funded cannot = Yes if Title XIX Status of the Modality/Contract/Funding = 3 (Forbidden)		
	Title XIX Funded must = Yes if Title XIX Status of the Modality/Contract/Funding = 1 (Required)		
	Defaults Default to value in Agency Defaults record.		
File References	SERVICE_FUNDING AGENCY_PREFERENCES		
Field Information	DASA Database: (SQL)	Name: Length Type:	Title_XIX 1 Tinyint. null
Data Element History	---		

## TITLE XIX STATUS

<b>Field Description</b>	Indicates whether the particular Modality/ Contract Fund Source can be funded under the Title XIX contract. This is entered by DASA staff from the Offered Services screen.		
<b>Valid Entries</b>	<u>Title XIX Status</u>	<u>Target Codes</u>	
	Required	1	
	Permitted	2	
	Forbidden	3	
<b>Business Rules</b>	Required Field.		
<b>File References</b>	MODALITY_CONTRACT_FUNDING TITLE_XIX_STATUS_LUT		
<b>Field Information</b>	<div> DASA Database:                      Name:                      Title_XIX_Status_ID  (SQL)                                      Length                      1     Type:                      Tinyint, not null    (Look-up table only)                      Name:                      Title_XIX_Status_Desc     Length                      25     Type:                      Varchar, not null </div>		
<b>Data Element History</b>	---		

## TRAUMATIC HEAD INJURY

<b>Field Description</b>	Indicates if the client ever had a traumatic head injury that resulted in loss of consciousness.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length:1 Type:	Traumatic_Head_Injury  Tinyint, null
<b>Data Element History</b>	---		



## TREATMENT NEEDS

Field Description	Six questions indicating how strongly the client reports needing treatment or counseling for each of the following issues: <div>Alcohol ProblemsLegal Issues Drug ProblemsMedical Problems Family IssuesPsychological Problems</div>		
Valid Entries	Use Addiction Severity Index Patient Rating Scale: 0 - Not at all 1 - Slightly 2 - Moderately 3 - Considerably 4 – Extremely		
Business Rules	None		
File References	ASI_MILESTONE		
Field Information	DASA Database (SQL)	Name:          Length:1 Type:	Alcohol_problem_tx_need Drug_Problem_tx_Needed Family_trouble_tx_need Legal_Trouble_tx_Needed Medical_Trouble_tx_Needed Psych_Problem_tx_Needed  Int, null
Data Element History	---		

## TREATMENT PRIORITY (ADATSA)

Field Description	Indicates which priority population, if any, the client is in.		
Valid Entries	<u>Treatment Priority</u>		<u>Target Codes</u>
	No Priority/Not Applicable (default)		1
	Child Protective Services		2
	IV Drug User		3
	Pregnant		4
	Children in Home		5
	Not Collected [ <i>Inactive 6/1/93</i> ]		6
Business Rules	Required Field		
	Can only be accessed or modified if Assessment Type is ADATSA		
	Injection Drug User Client must have injected drugs (Ever Used Needles to Inject Drugs must equal Y).		
	Pregnant/Postpartum If ADATSA Assessment and client is pregnant or within 1 year postpartum (Pregnancy Status = 1, 2, 3 or P), default Treatment Priority to P.  Client must be pregnant or postpartum (Pregnancy Status = 1, 2, 3, or P) for Treatment Priority to equal P.		
	Children In Home Client must have children at home (the number of Your Children Living With You must be greater than zero).		
File References	ASSESSMENT ASSESSMENT_PRIORITY_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Assessment_Priority_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Assessment_Priority_Desc 30 Varchar; null
Data Element History	Inactivated Not Collected		6/1/93

## TRIBAL CODE

<b>Field Description</b>	<p>Indicates a client's tribal affiliation.</p> <p>The most recent listing of the Tribal Codes can be found at the DASA website at:  <a href="http://www1.dshs.wa.gov/dasa/services/target/T2KSysDoc.shtml">http://www1.dshs.wa.gov/dasa/services/target/T2KSysDoc.shtml</a></p>																																																																		
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## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	33 Birch Creek Tribe (formerly listed as Birch Creek Village)
	34 Blackfeet Tribe of the Blackfeet Indian Reservation of Montana
	35 Blue Lake Rancheria, California
	36 Bridgeport Paiute Indian Colony of California
	37 Buena Vista Rancheria of Me-Wuk Indians of California
	38 Burns Paiute Tribe of the Burns Paiute Indian Colony of Oregon
	39 Cabazon Band of Cahuilla Mission Indians of the Cabazon Reservation, California
	40 Cachil DeHe Band of Wintun Indians of the Colusa Indian Community of the Colusa Rancheria, California
	41 Caddo Indian Tribe of Oklahoma
	42 Cahto Indian Tribe of the Laytonville Rancheria, California
	43 Cahuilla Band of Mission Indians of the Cahuilla Reservation, California
	44 Campo Band of Diegueno Mission Indians of the Campo Indian Reservation, California
	45 Capitan Grande Band of Diegueno Mission Indians of California: Barona Group of Capitan Grande Band of Mission Indians of the Barona Reservation, California, Viejas (Baron Long) Group of Capitan Grande Band of Mission Indians of the Viejas Reservation, California
	46 Catawba Indian Nation (aka Catawba Tribe of South Carolina)
	47 Cayuga Nation of New York
	48 Cedarville Rancheria, California
	49 Central Council of the Tlingit & Haida Indian Tribes
	50 Chalkyitsik Village
	51 Chemehuevi Indian Tribe of the Chemehuevi Reservation, California
	52 Cher-Ae Heights Indian Community of the Trinidad Rancheria, California
	53 Cherokee Nation, Oklahoma
	54 Chevak Native Village
	55 Cheyenne River Sioux Tribe of the Cheyenne River Reservation, South Dakota
	56 Cheyenne-Arapaho Tribes of Oklahoma
	57 Chickaloon Native Village
	58 Chickasaw Nation, Oklahoma
	59 Chicken Ranch Rancheria of Me-Wuk Indians of California
	60 Chignik Lake Village
	61 Chilkat Indian Village (Klukwan)
	62 Chilkoot Indian Association (Haines)
	63 Chinik Eskimo Community (Golovin)
	64 Chippewa-Cree Indians of the Rocky Boy's Reservation, Montana

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	65 Chitimacha Tribe of Louisiana
	66 Choctaw Nation of Oklahoma
	67 Chuloonawick Native Village
	68 Circle Native Community
	69 Citizen Potawatomi Nation, Oklahoma
	70 Cloverdale Rancheria of Pomo Indians of California
	71 Cocopah Tribe of Arizona
	72 Coeur D'Alene Tribe of the Coeur D'Alene Reservation, Idaho
	73 Cold Springs Rancheria of Mono Indians of California
	74 Colorado River Indian Tribes of the Colorado River Indian Reservation, Arizona and California
	75 Comanche Indian Tribe, Oklahoma
	76 Confederated Salish & Kootenai Tribes of the Flathead Reservation, Montana
	77 Confederated Tribes and Bands of the Yakama Indian Nation of the Yakama Reservation, Washington
	78 Confederated Tribes of the Chehalis Reservation, Washington
	79 Confederated Tribes of the Colville Reservation, Washington
	80 Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians of Oregon
	81 Confederated Tribes of the Goshute Reservation, Nevada and Utah
	82 Confederated Tribes of the Grand Ronde Community of Oregon
	83 Confederated Tribes of the Siletz Reservation, Oregon
	84 Confederated Tribes of the Umatilla Reservation, Oregon
	85 Confederated Tribes of the Warm Springs Reservation of Oregon
	86 Coquille Tribe of Oregon
	87 Cortina Indian Rancheria of Wintun Indians of California
	88 Coshatta Tribe of Louisiana
	89 Cow Creek Band of Umpqua Indians of Oregon
	90 Coyote Valley Band of Pomo Indians of California
	91 Craig Community Association
	92 Crow Creek Sioux Tribe of the Crow Creek Reservation, South Dakota
	93 Crow Tribe of Montana
	94 Curyung Tribal Council (formerly Native Village of Dillingham)
	95 Cuyapaipe Community of Diegueno Mission Indians of the Cuyapaipe Reservation, California
	96 Death Valley Timbi-Sha Shoshone Band of California

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	97 Delaware Nation, Oklahoma (formerly Delaware Tribe of Western Oklahoma)
	98 Delaware Tribe of Indians, Oklahoma
	99 Douglas Indian Association
	100 Dry Creek Rancheria of Pomo Indians of California
	101 Duckwater Shoshone Tribe of the Duckwater Reservation, Nevada
	102 Eastern Band of Cherokee Indians of North Carolina
	103 Eastern Shawnee Tribe of Oklahoma
	104 Egegik Village
	105 Eklutna Native Village
	106 Ekwok Village
	107 Elem Indian Colony of Pomo Indians of the Sulphur Bank Rancheria, California
	108 Elk Valley Rancheria, California
	109 Ely Shoshone Tribe of Nevada
	110 Emmonak Village
	111 Enterprise Rancheria of Maidu Indians of California
	112 Evansville Village (aka Bettles Field)
	113 Flandreau Santee Sioux Tribe of South Dakota
	114 Forest County Potawatomi Community of Wisconsin Potawatomi Indians, Wisconsin
	115 Fort Belknap Indian Community of the Fort Belknap Reservation of Montana
	116 Fort Bidwell Indian Community of the Fort Bidwell Reservation of California
	117 Fort Independence Indian Community of Paiute Indians of the Fort Independence Reservation, California
	118 Fort McDermitt Paiute and Shoshone Tribes of the Fort McDermitt Indian Reservation, Nevada and Oregon
	119 Fort McDowell Mohave-Apache Community of the Fort McDowell Indian Reservation, Arizona
	120 Fort Mojave Indian Tribe of Arizona, California & Nevada
	121 Fort Sill Apache Tribe of Oklahoma
	122 Galena Village (aka Loudon Village)
	123 Gila River Indian Community of the Gila River Indian Reservation, Arizona
	124 Grand Traverse Band of Ottawa & Chippewa Indians of Michigan
	125 Greenville Rancheria of Maidu Indians of California
	126 Grindstone Indian Rancheria of Wintun-Wailaki Indians of California
	127 Guidiville Rancheria of California
	128 Gulkana Village

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	129 Hannahville Indian Community of Wisconsin Potawatomi Indians of Michigan
	130 Havasupai Tribe of the Havasupai Reservation, Arizona
	131 Healy Lake Village
	132 Ho-Chunk Nation of Wisconsin (formerly known as the Wisconsin Winnebago Tribe)
	133 Hoh Indian Tribe of the Hoh Indian Reservation, Washington
	134 Holy Cross Village
	135 Hoonah Indian Association
	136 Hoopa Valley Tribe, California
	137 Hopi Tribe of Arizona
	138 Hopland Band of Pomo Indians of the Hopland Rancheria, California
	139 Houlton Band of Maliseet Indians of Maine
	140 Hualapai Indian Tribe of the Hualapai Indian Reservation, Arizona
	141 Hughes Village
	142 Huron Potawatomi, Inc., Michigan
	143 Huslia Village
	144 Hydaburg Cooperative Association
	145 Igiugig Village
	146 Inaja Band of Diegueno Mission Indians of the Inaja and Cosmit Reservation, California
	147 Inupiat Community of the Arctic Slope
	148 Ione Band of Miwok Indians of California
	149 Iowa Tribe of Kansas and Nebraska
	150 Iowa Tribe of Oklahoma
	151 Iqurmuit Traditional Council (formerly Native Village of Russian Mission)
	152 Ivanoff Bay Village
	153 Jackson Rancheria of Me-Wuk Indians of California
	154 Jamestown S'Klallam Tribe of Washington
	155 Jamul Indian Village of California
	156 Jena Band of Choctaw Indians, Louisiana
	157 Jicarilla Apache Tribe of the Jicarilla Apache Indian Reservation, New Mexico
	158 Kaguyak Village
	159 Kaibab Band of Paiute Indians of the Kaibab Indian Reservation, Arizona
	160 Kaktovik Village (aka Barter Island)

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	161 Kalispel Indian Community of the Kalispel Reservation, Washington
	162 Karuk Tribe of California
	163 Kashia Band of Pomo Indians of the Stewarts Point Rancheria, California
	164 Kaw Nation, Oklahoma
	165 Kenaitze Indian Tribe
	166 Ketchikan Indian Corporation
	167 Keweenaw Bay Indian Community of L'Anse and Ontonagon Bands of Chippewa Indians of the L'Anse Reservation, Michigan
	168 Kialegee Tribal Town, Oklahoma
	169 Kickapoo Traditional Tribe of Texas
	170 Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas
	171 Kickapoo Tribe of Oklahoma
	172 King Island Native Community
	173 Kiowa Indian Tribe of Oklahoma
	174 Klamath Indian Tribe of Oregon
	175 Klawock Cooperative Association
	176 Knik Tribe
	177 Kokhanok Village
	178 Kootenai Tribe of Idaho
	179 Koyukuk Native Village
	180 La Jolla Band of Luiseno Mission Indians of the La Jolla Reservation, California
	181 La Posta Band of Diegueno Mission Indians of the La Posta Indian Reservation, California
	182 Lac Courte Oreilles Band of Lake Superior Chippewa Indians of the Lac Courte Oreilles Reservation of Wisconsin
	183 Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
	184 Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
	185 Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony, Nevada
	186 Lesnoi Village (aka Woody Island)
	187 Levelock Village
	188 Lime Village
	189 Little River Band of Ottawa Indians of Michigan
	190 Little Traverse Bay Bands of Odawa Indians of Michigan
	191 Los Coyotes Band of Cahuilla Mission Indians of the Los Coyotes Reservation, California
	192 Lovelock Paiute Tribe of the Lovelock Indian Colony, Nevada



## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	193 Lower Brule Sioux Tribe of the Lower Brule Reservation, South Dakota
	194 Lower Elwha Tribal Community of the Lower Elwha Reservation, Washington
	195 Lower Sioux Indian Community of Minnesota Mdewakanton Sioux Indians of the Lower Sioux Reservation in Minnesota
	196 Lummi Tribe of the Lummi Reservation, Washington
	197 Lytton Rancheria of California
	198 Makah Indian Tribe of the Makah Indian Reservation, Washington
	199 Manchester Band of Pomo Indians of the Manchester-Point Arena Rancheria, California
	200 Manley Hot Springs Village
	201 Manokotak Village
	202 Manzanita Band of Diegueno Mission Indians of the Manzanita Reservation, California
	203 Mashantucket Pequot Tribe of Connecticut
	204 Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan
	205 McGrath Native Village
	206 Mechoopda Indian Tribe of Chico Rancheria, California
	207 Menominee Indian Tribe of Wisconsin
	208 Mentasta Traditional Council (formerly Mentasta Lake Village)
	209 Mesa Grande Band of Diegueno Mission Indians of the Mesa Grande Reservation, California
	210 Mescalero Apache Tribe of the Mescalero Reservation, New Mexico
	211 Metlakatla Indian Community, Annette Island Reserve
	212 Miami Tribe of Oklahoma
	213 Miccosukee Tribe of Indians of Florida
	214 Middletown Rancheria of Pomo Indians of California
	215 Minnesota Chippewa Tribe, Minnesota (Six component reservations: Bois Forte Band (Nett Lake); Fond du Lac Band; Grand Portage Band; Leech Lake Band; Mille Lacs Band; White Earth Band)
	216 Mississippi Band of Choctaw Indians, Mississippi
	217 Moapa Band of Paiute Indians of the Moapa River Indian Reservation, Nevada
	218 Modoc Tribe of Oklahoma
	219 Mohegan Indian Tribe of Connecticut
	220 Mooretown Rancheria of Maidu Indians of California
	221 Morongo Band of Cahuilla Mission Indians of the Morongo Reservation, California
	222 Muckleshoot Indian Tribe of the Muckleshoot Reservation, Washington
	223 Muscogee (Creek) Nation, Oklahoma
	224 Naknek Native Village

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>	
	225	Narragansett Indian Tribe of Rhode Island
	226	Native Village of Akhiok
	227	Native Village of Akutan
	228	Native Village of Aleknagik
	229	Native Village of Ambler
	230	Native Village of Atka
	231	Native Village of Barrow Inupiat Traditional Government (formerly Native Village of Barrow)
	232	Native Village of Belkofski
	233	Native Village of Brevig Mission
	234	Native Village of Buckland
	235	Native Village of Cantwell
	236	Native Village of Chanega (aka Chenega)
	237	Native Village of Chignik
	238	Native Village of Chignik Lagoon
	239	Native Village of Chistochina
	240	Native Village of Chitina
	241	Native Village of Chuathbaluk (Russian Mission, Kuskokwim)
	242	Native Village of Council
	243	Native Village of Deering
	244	Native Village of Diomedede (aka Inalik)
	245	Native Village of Eagle
	246	Native Village of Eek
	247	Native Village of Ekuk
	248	Native Village of Elim
	249	Native Village of Eyak (Cordova)
	250	Native Village of False Pass
	251	Native Village of Fort Yukon
	252	Native Village of Gakona
	253	Native Village of Gambell
	254	Native Village of Georgetown
	255	Native Village of Goodnews Bay
	256	Native Village of Hamilton

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>	
	257	Native Village of Hooper Bay
	258	Native Village of Kanatak
	259	Native Village of Karluk
	260	Native Village of Kasigluk
	261	Native Village of Kiana
	262	Native Village of Kipnuk
	263	Native Village of Kivalina
	264	Native Village of Kluti Kaah (aka Copper Center)
	265	Native Village of Kobuk
	266	Native Village of Kongiganak
	267	Native Village of Kotzebue
	268	Native Village of Koyuk
	269	Native Village of Kwigillingok
	270	Native Village of Kwinhagak (aka Quinhagak)
	271	Native Village of Larsen Bay
	272	Native Village of Marshall (aka Fortuna Ledge)
	273	Native Village of Mary's Igloo
	274	Native Village of Mekoryuk
	275	Native Village of Minto
	276	Native Village of Nanwalek (aka English Bay)
	277	Native Village of Napaimute
	278	Native Village of Napakiak
	279	Native Village of Napaskiak
	280	Native Village of Nelson Lagoon
	281	Native Village of Nightmute
	282	Native Village of Nikolski
	283	Native Village of Noatak
	284	Native Village of Nuiqsut (aka Nooiksut)
	285	Native Village of Nunapitchuk
	286	Native Village of Ouzinkie
	287	Native Village of Paimiut
	288	Native Village of Perryville

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u>	<u>Tribe Description</u>
	289	Native Village of Pilot Point
	290	Native Village of Pitka's Point
	291	Native Village of Point Hope
	292	Native Village of Point Lay
	293	Native Village of Port Graham
	294	Native Village of Port Heiden
	295	Native Village of Port Lions
	296	Native Village of Ruby
	297	Native Village of Saint Michael
	298	Native Village of Savoonga
	299	Native Village of Scammon Bay
	300	Native Village of Selawik
	301	Native Village of Shaktoolik
	302	Native Village of Sheldon's Point
	303	Native Village of Shishmaref
	304	Native Village of Shungnak
	305	Native Village of Stevens
	306	Native Village of Tanacross
	307	Native Village of Tanana
	308	Native Village of Tatitlek
	309	Native Village of Tazlina
	310	Native Village of Teller
	311	Native Village of Tetlin
	312	Native Village of Tuntutuliak
	313	Native Village of Tununak
	314	Native Village of Tyonek
	315	Native Village of Unalakleet
	316	Native Village of Unga
	317	Native Village of Venetie Tribal Government (Arctic Village and Village of Venetie)
	318	Native Village of Wales
	319	Native Village of White Mountain
	320	Navajo Nation, Arizona, New Mexico & Utah

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	321 Nenana Native Association
	322 New Koliganek Village Council (formerly Koliganek Village)
	323 New Stuyahok Village
	324 Newhalen Village
	325 Newtok Village
	326 Nez Perce Tribe of Idaho
	327 Nikolai Village
	328 Ninilchik Village
	329 Nisqually Indian Tribe of the Nisqually Reservation, Washington
	330 Nome Eskimo Community
	331 Nondalton Village
	332 Nooksack Indian Tribe of Washington
	333 Noorvik Native Community
	334 Northern Cheyenne Tribe of the Northern Cheyenne Indian Reservation, Montana
	335 Northfork Rancheria of Mono Indians of California
	336 Northway Village
	337 Northwestern Band of Shoshoni Nation of Utah (Washakie)
	338 Nulato Village
	339 Nunakauyarmiut Tribe (formerly Native Village of Toksook Bay)
	340 Oglala Sioux Tribe of the Pine Ridge Reservation, South Dakota
	341 Omaha Tribe of Nebraska
	342 Oneida Nation of New York
	343 Oneida Tribe of Wisconsin
	344 Onondaga Nation of New York
	345 Organized Village of Grayling (aka Holikachuk)
	346 Organized Village of Kake
	347 Organized Village of Kasaan
	348 Organized Village of Kwethluk
	349 Organized Village of Saxman
	350 Orutsararmuit Native Village (aka Bethel)
	351 Osage Tribe, Oklahoma
	352 Oscarville Traditional Village

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	353 Otoe-Missouria Tribe of Indians, Oklahoma
	354 Ottawa Tribe of Oklahoma
	355 Paiute Indian Tribe of Utah
	356 Paiute-Shoshone Indians of the Bishop Community of the Bishop Colony, California
	357 Paiute-Shoshone Indians of the Lone Pine Community of the Lone Pine Reservation, California
	358 Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Nevada
	359 Pala Band of Luiseno Mission Indians of the Pala Reservation, California
	360 Pascua Yaqui Tribe of Arizona
	361 Paskenta Band of Nomlaki Indians of California
	362 Passamaquoddy Tribe of Maine
	363 Pauloff Harbor Village
	364 Pauma Band of Luiseno Mission Indians of the Pauma & Yuima Reservation, California
	365 Pawnee Nation of Oklahoma
	366 Pechanga Band of Luiseno Mission Indians of the Pechanga Reservation, California
	367 Pedro Bay Village
	368 Penobscot Tribe of Maine
	369 Peoria Tribe of Indians of Oklahoma
	370 Petersburg Indian Association
	371 Picayune Rancheria of Chukchansi Indians of California
	372 Pilot Station Traditional Village
	373 Pinoleville Rancheria of Pomo Indians of California
	374 Pit River Tribe, California (includes Big Bend, Lookout, Montgomery Creek & Roaring Creek Rancherias & XL Ranch)
	375 Platinum Traditional Village
	376 Poarch Band of Creek Indians of Alabama
	377 Pokagon Band of Potawatomi Indians of Michigan
	378 Ponca Tribe of Indians of Oklahoma
	379 Ponca Tribe of Nebraska
	380 Port Gamble Indian Community of the Port Gamble Reservation, Washington
	381 Portage Creek Village (aka Ohgsenakale)
	382 Potter Valley Rancheria of Pomo Indians of California
	383 Prairie Band of Potawatomi Indians, Kansas
	384 Prairie Island Indian Community of Minnesota Mdewakanton Sioux Indians of the Prairie Island Reservation, Minnesota

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	385 Pribilof Islands Aleut Communities of St. Paul & St. George Islands
	386 Pueblo of Acoma, New Mexico
	387 Pueblo of Cochiti, New Mexico
	388 Pueblo of Isleta, New Mexico
	389 Pueblo of Jemez, New Mexico
	390 Pueblo of Laguna, New Mexico
	391 Pueblo of Nambe, New Mexico
	392 Pueblo of Picuris, New Mexico
	393 Pueblo of Pojoaque, New Mexico
	394 Pueblo of San Felipe, New Mexico
	395 Pueblo of San Ildefonso, New Mexico
	396 Pueblo of San Juan, New Mexico
	397 Pueblo of Sandia, New Mexico
	398 Pueblo of Santa Ana, New Mexico
	399 Pueblo of Santa Clara, New Mexico
	400 Pueblo of Santo Domingo, New Mexico
	401 Pueblo of Taos, New Mexico
	402 Pueblo of Tesuque, New Mexico
	403 Pueblo of Zia, New Mexico
	404 Puyallup Tribe of the Puyallup Reservation, Washington
	405 Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation, Nevada
	406 Qagan Tayagungin Tribe of Sand Point Village
	407 Qawalangin Tribe of Unalaska
	408 Quapaw Tribe of Indians, Oklahoma
	409 Quartz Valley Indian Community of the Quartz Valley Reservation of California
	410 Quechan Tribe of the Fort Yuma Indian Reservation, California & Arizona
	411 Quileute Tribe of the Quileute Reservation, Washington
	412 Quinault Tribe of the Quinault Reservation, Washington
	413 Ramona Band or Village of Cahuilla Mission Indians of California
	414 Rampart Village
	415 Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin
	416 Red Lake Band of Chippewa Indians of the Red Lake Reservation, Minnesota

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	417 Redding Rancheria, California
	418 Redwood Valley Rancheria of Pomo Indians of California
	419 Reno-Sparks Indian Colony, Nevada
	420 Resighini Rancheria, California (formerly known as the Coast Indian Community of Yurok Indians of the Resighini Rancheria)
	421 Rincon Band of Luiseno Mission Indians of the Rincon Reservation, California
	422 Robinson Rancheria of Pomo Indians of California
	423 Rosebud Sioux Tribe of the Rosebud Indian Reservation, South Dakota
	424 Round Valley Indian Tribes of the Round Valley Reservation, California (formerly known as the Covelo Indian Community)
	425 Rumsey Indian Rancheria of Wintun Indians of California
	426 Sac & Fox Nation of Missouri in Kansas and Nebraska
	427 Sac & Fox Nation, Oklahoma
	428 Sac & Fox Tribe of the Mississippi in Iowa
	429 Saginaw Chippewa Indian Tribe of Michigan, Isabella Reservation
	430 Saint George Island(See Pribilof Islands Aleut Communities of St. Paul & St. George Islands)
	431 Saint Paul Island (See Pribilof Islands Aleut Communities of St. Paul & St. George Islands)
	432 Salt River Pima-Maricopa Indian Community of the Salt River Reservation, Arizona
	433 Samish Indian Tribe, Washington
	434 San Carlos Apache Tribe of the San Carlos Reservation, Arizona
	435 San Juan Southern Paiute Tribe of Arizona
	436 San Manuel Band of Serrano Mission Indians of the San Manuel Reservation, California
	437 San Pasqual Band of Diegueno Mission Indians of California
	438 Santa Rosa Band of Cahuilla Mission Indians of the Santa Rosa Reservation, California
	439 Santa Rosa Indian Community of the Santa Rosa Rancheria, California
	440 Santa Ynez Band of Chumash Mission Indians of the Santa Ynez Reservation, California
	441 Santa Ysabel Band of Diegueno Mission Indians of the Santa Ysabel Reservation, California
	442 Santee Sioux Tribe of the Santee Reservation of Nebraska
	443 Sauk-Suiattle Indian Tribe of Washington
	444 Sault Ste. Marie Tribe of Chippewa Indians of Michigan
	445 Scotts Valley Band of Pomo Indians of California
	446 Seldovia Village Tribe
	447 Seminole Nation of Oklahoma
	448 Seminole Tribe of Florida, Dania, Big Cypress, Brighton, Hollywood & Tampa Reservations



## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	449 Seneca Nation of New York
	450 Seneca-Cayuga Tribe of Oklahoma
	451 Shageluk Native Village
	452 Shakopee Mdewakanton Sioux Community of Minnesota (Prior Lake)
	453 Sheep Ranch Rancheria of Me-Wuk Indians of California
	454 Sherwood Valley Rancheria of Pomo Indians of California
	455 Shingle Springs Band of Miwok Indians, Shingle Springs Rancheria (Verona Tract), California
	456 Shoalwater Bay Tribe of the Shoalwater Bay Indian Reservation, Washington
	457 Shoshone Tribe of the Wind River Reservation, Wyoming
	458 Shoshone-Bannock Tribes of the Fort Hall Reservation of Idaho
	459 Shoshone-Paiute Tribes of the Duck Valley Reservation, Nevada
	460 Sisseton-Wahpeton Sioux Tribe of the Lake Traverse Reservation, South Dakota
	461 Sitka Tribe of Alaska
	462 Skagway Village
	463 Skokomish Indian Tribe of the Skokomish Reservation, Washington
	464 Skull Valley Band of Goshute Indians of Utah
	465 Smith River Rancheria, California
	466 Snoqualmie Tribe, Washington
	467 Soboba Band of Luiseno Mission Indians of the Soboba Reservation, California
	468 Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, Wisconsin
	469 South Naknek Village
	470 Southern Ute Indian Tribe of the Southern Ute Reservation, Colorado
	471 Spirit Lake Tribe, North Dakota (formerly known as the Devils Lake Sioux Tribe)
	472 Spokane Tribe of the Spokane Reservation, Washington
	473 Squaxin Island Tribe of the Squaxin Island Reservation, Washington
	474 St. Croix Chippewa Indians of Wisconsin, St. Croix Reservation
	475 St. Regis Band of Mohawk Indians of New York
	476 Standing Rock Sioux Tribe of North & South Dakota
	477 Stebbins Community Association
	478 Stillaguamish Tribe of Washington
	479 Stockbridge-Munsee Community of Mohican Indians of Wisconsin
	480 Summit Lake Paiute Tribe of Nevada

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	481 Suquamish Indian Tribe of the Port Madison Reservation, Washington
	482 Susanville Indian Rancheria, California
	483 Swinomish Indians of the Swinomish Reservation, Washington
	484 Sycuan Band of Diegueno Mission Indians of California
	485 Table Bluff Reservation - Wiyot Tribe, California
	486 Table Mountain Rancheria of California
	487 Takotna Village
	488 Te-Moak Tribes of Western Shoshone Indians of Nevada (Four constituent bands: Battle Mountain Band; Elko Band; South Fork Band and Wells Band)
	489 Telida Village
	490 Thlopthlocco Tribal Town, Oklahoma
	491 Three Affiliated Tribes of the Fort Berthold Reservation, North Dakota
	492 Tohono O'odham Nation of Arizona
	493 Tonawanda Band of Seneca Indians of New York
	494 Tonkawa Tribe of Indians of Oklahoma
	495 Tonto Apache Tribe of Arizona
	496 Torres-Martinez Band of Cahuilla Mission Indians of California
	497 Traditional Village of Togiak
	498 Tulalip Tribes of the Tulalip Reservation, Washington
	499 Tule River Indian Tribe of the Tule River Reservation, California
	500 Tuluksak Native Community
	501 Tunica-Biloxi Indian Tribe of Louisiana
	502 Tuolumne Band of Me-Wuk Indians of the Tuolumne Rancheria of California
	503 Turtle Mountain Band of Chippewa Indians of North Dakota
	504 Tuscarora Nation of New York
	505 Twenty-Nine Palms Band of Luiseno Mission Indians of California
	506 Twin Hills Village
	507 Ugashik Village
	508 Umkumiute Native Village
	509 United Auburn Indian Community of the Auburn Rancheria of California
	510 United Keetoowah Band of Cherokee Indians of Oklahoma
	511 Upper Lake Band of Pomo Indians of Upper Lake Rancheria of California
	512 Upper Sioux Indian Community of the Upper Sioux Reservation, Minnesota

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u> <u>Tribe Description</u>
	513 Upper Skagit Indian Tribe of Washington
	514 Ute Indian Tribe of the Uintah & Ouray Reservation, Utah
	515 Ute Mountain Tribe of the Ute Mountain Reservation, Colorado, New Mexico & Utah
	516 Utu Utu Gwaitu Paiute Tribe of the Benton Paiute Reservation, California
	517 Village of Afognak
	518 Village of Alakanuk
	519 Village of Anaktuvuk Pass
	520 Village of Aniak
	521 Village of Atmautluak
	522 Village of Bill Moore's Slough
	523 Village of Chefornak
	524 Village of Clark's Point
	525 Village of Crooked Creek
	526 Village of Dot Lake
	527 Village of Iliamna
	528 Village of Kalskag
	529 Village of Kaltag
	530 Village of Kotlik
	531 Village of Lower Kalskag
	532 Village of Ohogamiut
	533 Village of Old Harbor
	534 Village of Red Devil
	535 Village of Salamatoff
	536 Village of Sleetmute
	537 Village of Solomon
	538 Village of Stony River
	539 Village of Venetie (See Native Village of Venetie Tribal Government)
	540 Village of Wainwright
	541 Walker River Paiute Tribe of the Walker River Reservation, Nevada
	542 Wampanoag Tribe of Gay Head (Aquinnah) of Massachusetts
	543 Washoe Tribe of Nevada & California (Carson Colony, Dresslerville Colony, Woodfords Community, Stewart Community, & Washoe Ranches)
	544 White Mountain Apache Tribe of the Fort Apache Reservation, Arizona

## TRIBAL CODE

Valid Entries continued	<u>Tribe ID</u>	<u>Tribe Description</u>	
	545	Wichita and Affiliated Tribes (Wichita, Keechi, Waco & Tawakonie), Oklahoma	
	546	Winnebago Tribe of Nebraska	
	547	Winnemucca Indian Colony of Nevada	
	548	Wrangell Cooperative Association	
	549	Wyandotte Tribe of Oklahoma	
	550	Yakutat Tlingit Tribe	
	551	Yankton Sioux Tribe of South Dakota	
	552	Yavapai-Apache Nation of the Camp Verde Indian Reservation, Arizona	
	553	Yavapai-Prescott Tribe of the Yavapai Reservation, Arizona	
	554	Yerington Paiute Tribe of the Yerington Colony & Campbell Ranch, Nevada	
	555	Yomba Shoshone Tribe of the Yomba Reservation, Nevada	
	556	Ysleta Del Sur Pueblo of Texas	
	557	Yupit of Andreafski	
	558	Yurok Tribe of the Yurok Reservation, California	
	559	Zuni Tribe of the Zuni Reservation, New Mexico	
560	Cowlitz Indian Tribe		
Business Rules	Required field if Native American is selected as one of the client's Race/Ethnicity choices.  Up to two tribal affiliations may be selected.		
File References	CLIENT_TRIBE  TRIBE_LUT		
Field Information	DASA Database (SQL)	Name: Length: Type:	Tribe_ID 3 Int, null
	(Look-up table only)	Name: Length: Type:	Tribe_Desc 300 Varchar, null
Data Element History	Added 560: Cowlitz Indian Tribe		1/1/02

## TROUBLED BY

Field Description	Six questions indicating how troubled the client reports feeling in the past thirty days about each of the following issues: <div>Alcohol ProblemsLegal Issues Drug ProblemsMedical Problems Family IssuesPsychological Problems</div>		
Valid Entries	Use Addiction Severity Index Patient Rating Scale: 0 - Not at all 1 - Slightly 2 - Moderately 3 - Considerably 4 – Extremely		
Business Rules	None		
File References	ASI_MILESTONE		
Field Information	DASA Database (SQL)	Name:          Length: Type:	Alcohol_Problem Drug_problem Family_trouble Legal_trouble Medical_Trouble Psych_Problem 1 Int, null
Data Element History	---		

## USER DEFINED OPTION

Field Description	<p>This field is for users to enter a lookup option for a drug choice which is not one of the currently defined choices or for which special tracking is directed by appropriate authority such as county or state funding agencies to track substances not reflected in the substance choices.</p> <p>An example might be to add a choice for a new drug or for a client issue that is not drug related such as anorexia or a gambling addiction.</p>																				
Valid Entries	Text																				
Business Rules	None																				
File References	USER_DEFINED_OPTION_LUT TREATMENT_MILESTONE																				
Field Information	<table><tr><td>DASA Database (SQL)</td><td>Name:</td><td>User_Def_Option_ID</td></tr><tr><td></td><td>Length:3</td><td></td></tr><tr><td></td><td>Type:</td><td>Tinyint, null</td></tr><tr><td>(Look-up table only)</td><td>Name:</td><td>User_Def_Option_Desc</td></tr><tr><td></td><td>Length:100</td><td></td></tr><tr><td></td><td>Type:</td><td>Varchar, null</td></tr></table>			DASA Database (SQL)	Name:	User_Def_Option_ID		Length:3			Type:	Tinyint, null	(Look-up table only)	Name:	User_Def_Option_Desc		Length:100			Type:	Varchar, null
DASA Database (SQL)	Name:	User_Def_Option_ID																			
	Length:3																				
	Type:	Tinyint, null																			
(Look-up table only)	Name:	User_Def_Option_Desc																			
	Length:100																				
	Type:	Varchar, null																			
Data Element History	---																				

## USES DETOX SHORT FORM

<b>Field Description</b>	<p>Indicates if the agency is authorized to use the Detox Short Form to enter milestone records for their clients with a Detoxification modality.</p> <p>To request authorization to use the Detox Short Form please contact DASA.</p>		
<b>Valid Entries</b>	<p><u>On Screen</u></p> <p>Yes</p> <p>No</p>	<p><u>Target Codes</u></p> <p>1</p> <p>0</p>	
<b>Business Rules</b>	None		
<b>File References</b>	AGENCY_PREFERENCES		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Uses_Short_Detox_Form</p> <p>Length: 1</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	<p>Changed value of "No" from Null to 0</p> <p>1/30/2005</p>		

## VALID

<b>Field Description</b>	<p>Indicates if a data field in the table is an approved value or combination of values in the case of the MODALITY_CONTRACT_FUNDING table.</p> <p>The database administrator manages this field.</p>		
<b>Valid Entries</b>	<p><u>Choices</u></p> <p>Yes</p> <p>No</p>	<p><u>Target Codes</u></p> <p>Y</p> <p>N</p>	
<b>Business Rules</b>	None		
<b>File References</b>	<p>MODALITY_CONTRACT_FUNDING</p> <p>OFFERED_SERVICE</p> <p>SPECIAL_PROJECT_LUT</p>		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name:</p> <p>Length:</p> <p>Type:</p>	<p>Valid</p> <p>1</p> <p>Char, null</p>
<b>Data Element History</b>	---		



## VETERAN

<b>Field Description</b>	Indicates if the client is a veteran of the US military.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Veteran 1 Tinyint, null
<b>Data Element History</b>	Changed wording of question from "Are you eligible for veterans' benefits?" to "Are you a military veteran?" 11/1/01		

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## WA DRIVER'S LICENSE NUMBER

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<b>Field Description</b>	The client's Washington State driver's license number.		
<b>Valid Entries</b>	XXXXXXXXXXXXXXXXXXXXXX		
<b>Business Rules</b>	None		
<b>File References</b>	CLIENT_MASTER		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Drivers_License 20 Varchar, null
<b>Data Element History</b>	---		

## WANT TO QUIT SMOKING NOW

<b>Field Description</b>	Indicates if the client is interested in quitting smoking cigarettes.		
<b>Valid Entries</b>	<u>Choices</u>	<u>Target Codes</u>	
	Yes	1	
	No	0	
<b>Business Rules</b>	None		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Want_To_Quit_Smoking 1 Tinyint, null
<b>Data Element History</b>	---		

## YEARS OF EDUCATION

<b>Field Description</b>	Indicates the years of education completed by the client.		
<b>Valid Entries</b>	## 0 through 30		
<b>Business Rules</b>	<p>Required Field.</p> <p>If Academic/Training Achievement equals Undergraduate or Post Graduate Degree then Years of Education must be greater than or equal to 10.</p> <p>Warning message if Academic/Training Achievement equals Undergraduate or Post Graduate Degree and Years of Education is between 10 and 13 (inclusive).</p>		
<b>File References</b>	TREATMENT_MILESTONE		
<b>Field Information</b>	DASA Database (SQL)	Name: Years_Of_Education Length: 2 Type: Tinyint, null	
<b>Data Element History</b>	---		

## ZIP CODE

<b>Field Description</b>	<p>The zip code of the area where the client currently resides.</p> <p>Use the zip code of the agency if the client is transient, resides outside of the United States or if the zip code is unknown.</p>		
<b>Valid Entries</b>	##### - ##### or #####		
<b>Business Rules</b>	<p>Required field</p> <p>Defaults to the value entered in the Agency Default screen, if one is present</p>		
<b>File References</b>	CLIENT_ADDRESS		
<b>Field Information</b>	<p>DASA Database (SQL)</p>	<p>Name: Zip_Code Length: 10 Type: Varchar, null</p>	
<b>Data Element History</b>	---		



*TARGET*  
Data Dictionary

## APPENDICES

### Appendix A: Inactive Data Elements



## AUTHORIZED DAYS OF SERVICE (ADATSA)

<b>Field Description</b>	Indicates the total number of days for which the client is authorized for ADATSA treatment. The maximum number of days is limited to 180 days within any two-year period.
<b>Valid Entries</b>	###
<b>Business Rules</b>	<p>This is a calculated value for display purposes based on case plan planned dates.</p> <p>Authorized Days = Planned End Date – Planned Start Date.</p> <p>If Planned End Date = Planned Start Date</p> <p style="padding-left: 40px;">Then Authorized Days = 1 day</p>
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	Inactive <span style="float: right;">2/1/03</span>

## CASE PLAN BEGIN DATE (ADATSA)

<b>Field Description</b>	Indicates the date the ADATSA treatment is planned to begin.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	Required Field Must be greater than 01/01/1999. Must be greater than Assessment Date/Time plus duration		
<b>File References</b>	CASE_PLAN		
<b>Field Information</b>	DASA Database (SQL)	Name: Plan_Start_Date Length: 16 Type: Datetime, null	
<b>Data Element History</b>	Inactivated the use of case plans		2/1/03



## CASE PLAN END DATE (ADATSA)

<b>Field Description</b>	Indicates the date the ADATSA treatment is planned to end.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	Required Field Must be greater than 01/01/1989. Must be greater than the case plan start date. Must be less than interval start date plus 2 years.		
<b>File References</b>	CASE_PLAN		
<b>Field Information</b>	DASA Database (SQL)	Name: Plan_End_Date Length: 16 Type: Datetime, null	
<b>Data Element History</b>	Inactivated the use of case plans <span style="float: right;">2/1/03</span>		

## CASE PLAN NUMBER

<b>Field Description</b>	The sequential number assigned to the ADATSA case plan. This field is filled in by the TARGET system and is not an entry field.		
<b>Valid Entries</b>	#		
<b>Business Rules</b>	Required Field		
<b>File References</b>	CASE_PLAN		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Case_Plan_Sequence 1 Tinyint, not null
<b>Data Element History</b>	Inactivated the use of case plans		2/1/03

## CLIENT IDENTIFIER, OLD (Inactive)

Field Description	<p>The Client Identifier was created automatically by the old TARGET system when a client Master is established.</p> <p>This field is a unique client identifier containing: first five characters of the last name (use blanks to fill if the last name is less than 5 characters), first character of the first name, first character of the middle name (blank if no middle name), six characters of the birth date (YYMMDD) and one character for a tiebreaker (determined by the database). Use alphabetic characters and blanks only.</p>																			
Valid Entries	None – historical information only																			
Business Rules	None																			
File References	CLIENT_MASTER CROSSWALK																			
Field Information	<table><tr><td rowspan="3">DASA Database (SQL)</td><td>Name:</td><td>Client_Identifier</td></tr><tr><td>Length:</td><td>16</td></tr><tr><td>Type:</td><td>Uniqueidentifier, not null</td></tr><tr><td rowspan="3">(SQL)</td><td>File:</td><td>crosswalk</td></tr><tr><td>Name:</td><td>Client_ID</td></tr><tr><td>Length:</td><td>16</td></tr><tr><td></td><td>Type:</td><td>Uniqueidentifier, not null</td></tr></table>			DASA Database (SQL)	Name:	Client_Identifier	Length:	16	Type:	Uniqueidentifier, not null	(SQL)	File:	crosswalk	Name:	Client_ID	Length:	16		Type:	Uniqueidentifier, not null
DASA Database (SQL)	Name:	Client_Identifier																		
	Length:	16																		
	Type:	Uniqueidentifier, not null																		
(SQL)	File:	crosswalk																		
	Name:	Client_ID																		
	Length:	16																		
	Type:	Uniqueidentifier, not null																		
Data Element History	Inactivated. Current system uses a random 36 character hexadecimal string.		11/15/01																	

## DISALLOWED (ADATSA)

<b>Field Description</b>	<p>Indicates if the client is allowed an exception to the 180 days treatment limits.</p> <p>Select <b>No</b> if the exception is to be processed.</p> <p>Select <b>Yes</b> if the exception will not be processed.</p>		
<b>Valid Entries</b>	<p><u>Choices</u></p> <p>Yes</p> <p>No (default)</p>	<p><u>Target Codes</u></p> <p>1</p> <p>0</p>	
<b>Business Rules</b>	Required Field. DASA use only.		
<b>File References</b>	ADATSA_EXCEPTION		
<b>Field Information</b>	DASA Database (SQL)	<p>Name: Disallowed</p> <p>Length: 1</p> <p>Type: Tinyint, null</p>	
<b>Data Element History</b>	Inactive		2/1/03

## DISPLAYS ON ATR

Field Description	Indicates which ATR Support Activity types are displayed in a Client Support Activity.								
Valid Entries	The Target database administrator updates this field. <table><tr><td><u>Choices</u></td><td><u>Target Codes</u></td></tr><tr><td>Yes</td><td>1</td></tr><tr><td>No</td><td>0</td></tr></table>			<u>Choices</u>	<u>Target Codes</u>	Yes	1	No	0
<u>Choices</u>	<u>Target Codes</u>								
Yes	1								
No	0								
Business Rules	None								
File References	SUPPORT_ACTIVITY_TYPE_LUT								
Field Information	DASA Database (SQL)	Name: Length: Type:	Displays_On_ATR_Rate 1 Tinyint, null						
Data Element History	ATR types are no longer displayed as this data is collected through the ATR Services screen 4/25/05								

## **EXCEPTION DAYS (ADATSA)**

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<b>Field Description</b>	The total number of days that have been applied to the client's allowable ADATSA days through the ADATSA Exception.
<b>Valid Entries</b>	This is a calculated field
<b>Business Rules</b>	<p>This number is calculated by subtracting the Exception_Start_Date from the Exception_End_Date. The resulting amount equals the Exception Days.</p> <p>Exception Days is added to the total number of available ADATSA days to determine how many days of ADATSA treatment the client can have.</p>
<b>File References</b>	N/A
<b>Field Information</b>	N/A
<b>Data Element History</b>	Inactive 2/1/03

## **EXCEPTION END DATE (ADATSA)**

---

<b>Field Description</b>	The ending date for which the exception has been granted or approved within the established ADATSA interval.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	Needs to be less than the Interval Start Date plus 2 years. For DASA Staff only		
<b>File References</b>	ADATSA_EXCEPTION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Exception_End_Date 10 Datetime, null
<b>Data Element History</b>	Inactive		2/1/03

## EXCEPTION NOTE (ADATSA)

<b>Field Description</b>	Indicates any special comment notes accompanying the exception of the 180 day limit of ADATSA treatment.		
<b>Valid Entries</b>	Enter comments.		
<b>Business Rules</b>	For DASA staff only.		
<b>File References</b>	ADATSA_EXCEPTION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Exception_Note 70 Varchar, null
<b>Data Element History</b>	Inactive		2/1/03



## EXCEPTION START DATE (ADATSA)

<b>Field Description</b>	The start date for which the exception has been granted or approved within the established ADATSA interval.		
<b>Valid Entries</b>	Format: mm/dd/yyyy		
<b>Business Rules</b>	Needs to be greater than the Interval Start Date. For DASA staff only.		
<b>File References</b>	ADATSA_EXCEPTION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Exception_Start_Date 10 Datetime, not null
<b>Data Element History</b>	Inactive		2/1/03

## EXCEPTION TYPE (ADATSA)

<b>Field Description</b>	Indicates the reason for the extension of the 180 day treatment limitations. (Not an entry field in the Provider System.)		
<b>Valid Entries</b>	<u>Exception Type</u>	<u>Target Codes</u>	
	180 Day	2	
	Other	3	
	Residential	4	
	Waiver	5	
	Outpatient [ <i>Inactive</i> 11/15/01]	1	
<b>Business Rules</b>	Required Field For DASA staff only.		
<b>File References</b>	ADATSA_EXCEPTION ADATSA_EXCEPTION_TYPE_LUT		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Exception_Type_ID 1 Tinyint, null
	(Look-up table only)	Name: Length: Type:	Exception_Type_Desc 35 Varchar, null
<b>Data Element History</b>	Inactive		2/1/03

## INTERVAL END DATE (ADATSA)

<b>Field Description</b>	Each eligible client is allowed 180 days of ADATSA funded treatment in a two year period. The Interval End Date defines the end of the two year period. A new two year period may begin after the current interval has expired.		
<b>Valid Entries</b>	This is calculated by the TARGET 2000 system.		
<b>Business Rules</b>	This is calculated based on the client's Interval Start Date plus 2 years.		
<b>File References</b>	INTERVAL_INFO		
<b>Field Information</b>	DASA Database (SQL)	Name: Current_Interval_End_Date Length: 16 Type: Datetime, null	
<b>Data Element History</b>	Inactive		2/1/03

## INTERVAL START DATE (ADATSA)

<b>Field Description</b>	Each eligible client is allowed 180 days of ADATSA funded treatment in a two year period. The Interval Start Date defines the beginning of the two year period.		
<b>Valid Entries</b>	This is calculated by the TARGET 2000 system.		
<b>Business Rules</b>	<p>This is established based on the client's first planned admission for an ADATSA case plan.</p> <p>The Interval Start Date is modified by the actual admission date for an ADATSA case plan to reflect the earliest admission for a case plan.</p>		
<b>File References</b>	INTERVAL_INFO ADATSA_EXECPTION		
<b>Field Information</b>	DASA Database (SQL)	Name: Current_Interval_Start_Date Length: 16 Type: Datetime, not null  File: ADATSA_EXECPTION Name: Interval_Start_Date Length: 16 Type: Datetime, not null	
<b>Data Element History</b>	Inactive <span style="float: right;">2/1/03</span>		

## NO SHOW

Field Description	Indicates if the client did not show up at the planned treatment agency to begin his or her ADATSA treatment.								
Valid Entries	The “No Show” box is checked to indicate that the client did not show up for treatment.  <table><tr><td><u>Choices</u></td><td><u>Target Codes</u></td></tr><tr><td>Yes</td><td>1</td></tr><tr><td>No</td><td>0</td></tr></table>			<u>Choices</u>	<u>Target Codes</u>	Yes	1	No	0
<u>Choices</u>	<u>Target Codes</u>								
Yes	1								
No	0								
Business Rules	This can only be modified by the agency that did the ADATSA Assessment for this client.								
File References	CASE_PLAN								
Field Information	DASA Database (SQL)	Name: Length: Type:	No_Show_Flag 1 Tinyint, null						
Data Element History	Changed value of “No” from Null to 0 Inactive		1/30/05 2/1/03						

## PLANNED AGENCY NUMBER (ADATSA)

<b>Field Description</b>	Indicates the agency number in the case plan where the ADATSA client is planned to enter treatment.		
<b>Valid Entries</b>	#####		
<b>Business Rules</b>	Required Field		
<b>File References</b>	CASE_PLAN		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Planned_Agency_Number 6 Character, null
<b>Data Element History</b>	Inactive		2/1/03

## PLANNED MODALITY (ADATSA)

Field Description	Indicates the modality of the case plan.		
Valid Entries	Valid entries may be picked from the list of Modalities in the MODALITY_LUT.		
Business Rules	Required Field  The Planned Modality must be one that is active for the Planned Agency as of the case plan start date.		
File References	CASE_PLAN  MODALITY_LUT		
Field Information	DASA Database (SQL)  (Look-up table only)	Name: Length: Type:	Planned_Modality 2 Tinyint, null  Modality_ID 2 Tinyint, null
Data Element History	Inactive	2/1/03	

## REFERRING CASE PLAN NUMBER (ADATSA)

<b>Field Description</b>	Identifies a number corresponding to the ADATSA treatment plan. This is generated by the TARGET system.		
<b>Valid Entries</b>	#		
<b>Business Rules</b>	None		
<b>File References</b>	ADMISSION		
<b>Field Information</b>	DASA Database (SQL)	Name: Length: Type:	Referring_Case_Plan_Sequence 1 Tinyint, null
<b>Data Element History</b>	Inactive		2/1/03